

TITLE 40 - PUBLIC HEALTH AND SAFETY

CHAPTER 439 - ADMINISTRATION OF PUBLIC HEALTH

GENERAL PROVISIONS

[NRS 439.005](#) **Definitions.**

STATE ADMINISTRATION

ADMINISTRATION

[NRS 439.010](#) **Administration of chapter.**
[NRS 439.015](#) **Acceptance and disbursement of federal appropriations; deposit to State Division of Public and Behavioral Health Federal Account.**
[NRS 439.030](#) **State Board of Health: Creation; members; qualifications.**
[NRS 439.040](#) **State Board of Health: Term of office.**
[NRS 439.060](#) **State Board of Health: Meetings; quorum.**
[NRS 439.070](#) **State Board of Health: Secretary; Executive Officer.**
[NRS 439.080](#) **State Board of Health: Compensation of members and employees.**
[NRS 439.085](#) **Chief Medical Officer: Appointment; unclassified service.**
[NRS 439.095](#) **Chief Medical Officer: Qualifications.**
[NRS 439.110](#) **Chief Medical Officer: Devotion of time to official duties; cooperation with Nevada System of Higher Education; maintenance of clinical practice.**
[NRS 439.130](#) **Chief Medical Officer and Administrator: Duties.**
[NRS 439.135](#) **Appointment of Commissioner of Food and Drugs and other agents by Administrator.**
[NRS 439.140](#) **Appointment or removal of subordinate officer or employee of Division.**

POWERS AND DUTIES

[NRS 439.150](#) **State Board of Health supreme in matters concerning health; Department designated agency for federal cooperation; fees.**
[NRS 439.155](#) **Contracts for cooperation with governmental entities and others; effect of payments to Division for such cooperation; immunity from and limitations on liability not waived.**
[NRS 439.160](#) **Uniform compliance with certain provisions of chapter.**
[NRS 439.170](#) **Prevention of sickness and disease; legal action for enforcement of laws and regulations; provision of information concerning importance of annual physical examination for children.**
[NRS 439.180](#) **Biennial report to Director by Administrator.**
[NRS 439.190](#) **Hearings and witnesses.**
[NRS 439.200](#) **Adoption, effect, variances and distribution of regulations of State Board of Health; recommendations regarding certain program for repayment of**

	student loans.
<u>NRS 439.230</u>	Personal and statistical information to be secured from patient admitted or committed to public or private institution.
<u>NRS 439.235</u>	Duties of Division to ensure access for persons with limited English proficiency to certain services related to COVID-19; collaboration with community-based organizations; gifts, grants, donations and other funding.
<u>NRS 439.240</u>	State Public Health Laboratory: Maintenance by University of Nevada School of Medicine; branch laboratories; purpose; administration; reports.
<u>NRS 439.245</u>	Data dashboard for data relating to telehealth access: Establishment; requirements; availability.
<u>NRS 439.249</u>	Continuing education and information concerning health of veterans; report.
<u>NRS 439.255</u>	Masks and face shields for use in cardiopulmonary resuscitation: Regulations; provision to peace officers and firefighters; waiver of requirements; civil immunity for use.
<u>NRS 439.256</u>	Program to improve response to medical emergencies: Establishment; requirements; activities of Division.
<u>NRS 439.258</u>	Programs for treatment of persons who commit domestic violence; regulations.
<u>NRS 439.259</u>	Grants for addressing disparities in health care and health outcomes based on certain categories of persons; selection of nonprofit organization to serve as lead partner; establishment of advisory committee; annual report.
<u>NRS 439.261</u>	Grants for addressing race-based health disparities relating to kidney disease; establishment of advisory committee; annual report.
<u>NRS 439.263</u>	Policy of State concerning clinical trials; duties of Division to carry out policy; acceptance of gifts, grants and donations.
<u>NRS 439.265</u>	Immunization Information System: Establishment and administration; duty to report information concerning immunization administered to child; contents and form of report; parent or guardian to be provided information concerning System; parent or guardian may decline inclusion of information in System; disclosure of information; regulations.

DENTAL AND ORAL HEALTH

<u>NRS 439.271</u>	Definitions.
<u>NRS 439.2711</u>	“Advisory Committee” defined.
<u>NRS 439.2712</u>	“Program” defined.
<u>NRS 439.2713</u>	“Provider of oral health care” defined.
<u>NRS 439.272</u>	State Dental Health Officer: Appointment by Director of Authority in unclassified service or as contractor; qualifications; duties.
<u>NRS 439.279</u>	State Public Health Dental Hygienist: Appointment; classification; qualifications; duties; solicitation and acceptance of gifts and grants.
<u>NRS 439.2791</u>	State Program for Oral Health: Establishment; purpose.
<u>NRS 439.2792</u>	Advisory Committee on the State Program for Oral Health: Creation; duties; appointment and terms of members; quorum; Chair; meetings.
<u>NRS 439.2793</u>	Duties of Authority.
<u>NRS 439.2794</u>	Powers of Authority to enter into contracts to apply for and accept gifts, donations, bequests and grants and to apply for federal waivers; disposition of money; administration of account.

LOCAL ADMINISTRATION

COUNTY BOARD OF HEALTH AND COUNTY HEALTH OFFICER

<u>NRS 439.280</u>	County board of health: Composition; officers; service without additional compensation.
<u>NRS 439.290</u>	County health officer: Appointment; qualifications; term.
<u>NRS 439.300</u>	County health officer: Compensation.
<u>NRS 439.310</u>	County health officer: Vacancy; appointment by Chief Medical Officer.
<u>NRS 439.320</u>	County health officer: Executive officer of county board of health; may be county physician.
<u>NRS 439.330</u>	Deputy county health officer: Appointment; compensation; duties.
<u>NRS 439.340</u>	County board of health: Supervision by Division; reports.
<u>NRS 439.350</u>	County board of health: Duties.
<u>NRS 439.360</u>	County board of health: Powers; requirements for order for isolation, quarantine or treatment.

DISTRICT BOARD OF HEALTH AND DISTRICT HEALTH OFFICER IN COUNTIES WHOSE POPULATION IS 700,000 OR MORE

<u>NRS 439.361</u>	Applicability.
<u>NRS 439.362</u>	Creation and composition of Health District; appointment and terms of members of district board of health and public health advisory board; duty of district board of health to maintain records; prohibition on local boards of health.
<u>NRS 439.363</u>	Health district fund: Creation.
<u>NRS 439.364</u>	District board of health: Meetings; quorum; duties.
<u>NRS 439.365</u>	District board of health: Budget; adoption by board of county commissioners; annual allocation.
<u>NRS 439.366</u>	Powers and jurisdiction of district board of health and district health department; regulations of district board of health.
<u>NRS 439.367</u>	District board of health: Powers.
<u>NRS 439.3672</u>	District board of health: Power to create voluntary financial assistance program to pay cost to connect to community sewerage disposal system; voluntary annual fee; eligibility.
<u>NRS 439.3675</u>	Duties of district health department to ensure access for persons with limited English proficiency to certain services related to COVID-19; collaboration with community-based organizations; gifts, grants, donations and other funding.
<u>NRS 439.368</u>	Appointment, duties and compensation of district health officer; duties of district board of health concerning district health officer; clinical program requiring medical assessment must be supervised by physician.
<u>NRS 439.3685</u>	Duties of district health officer concerning chief medical officer; compensation of chief medical officer.

DISTRICT BOARD OF HEALTH AND DISTRICT HEALTH OFFICER IN COUNTIES WHOSE POPULATION IS LESS THAN 700,000

<u>NRS 439.369</u>	Applicability.
<u>NRS 439.370</u>	Health district: Creation.
<u>NRS 439.380</u>	County or city board of health abolished upon creation of district board of health.
<u>NRS 439.383</u>	County boards of health within district abolished upon creation of district board of health.
<u>NRS 439.385</u>	City and town boards of health abolished upon creation of district board of health.

- [NRS 439.390](#) District board of health: Composition; qualifications of members.
- [NRS 439.400](#) Appointment, qualifications, powers and compensation of district health officer; clinical program requiring medical assessment must be supervised by physician.
- [NRS 439.405](#) Duties of district health department to ensure access for persons with limited English proficiency to certain services related to COVID-19; collaboration with community-based organizations; gifts, grants, donations and other funding.
- [NRS 439.410](#) Powers and jurisdiction of district board of health and district health department; regulations of district board of health.

CITY BOARD OF HEALTH AND CITY HEALTH OFFICER

- [NRS 439.420](#) City board of health: Creation by ordinance.
- [NRS 439.430](#) City board of health: Members; appointments; qualifications and compensation of city health officer.
- [NRS 439.440](#) Inclusion of city in county or district health department.
- [NRS 439.450](#) Withdrawal of city from county or district health department; re-establishment of city health department.
- [NRS 439.460](#) City board of health: Duties.
- [NRS 439.470](#) City board of health: Powers; requirements for order for isolation, quarantine or treatment.

EXTERMINATION AND ABATEMENT OF MOSQUITOES, FLIES, OTHER INSECTS AND RATS

- [NRS 439.471](#) Applicability.
- [NRS 439.473](#) Authority of district health officer to issue order for extermination or abatement of nuisance; authorized actions.
- [NRS 439.475](#) Notice of order for abatement of nuisance; duty of health district if owner fails to comply with order.
- [NRS 439.477](#) Lien on real property for costs of abating nuisance; action to foreclose lien.
- [NRS 439.479](#) Regulations; enforcement; notice to district board of health of failure to maintain rental dwelling unit in habitable condition.

REMOVAL AND REMEDIATION OF CONTROLLED SUBSTANCES AND PRECURSORS

- [NRS 439.4797](#) Powers of boards of health; regulations by State Environmental Commission.

LOCAL HEALTH REGULATIONS

- [NRS 439.480](#) Local health officer: Supervision; jurisdiction.
- [NRS 439.490](#) Abatement or removal of nuisance.

ASSESSMENT FOR SERVICES PROVIDED TO COUNTY

- [NRS 439.4905](#) Payment of assessment; exemption; regulations.

REPORTING AND ANALYZING INFORMATION ON SICKLE CELL DISEASE AND ITS VARIANTS

<u>NRS 439.4921</u>	Definitions.
<u>NRS 439.4923</u>	“Health care facility” defined.
<u>NRS 439.4925</u>	“Provider of health care” defined.
<u>NRS 439.4927</u>	“Sickle cell disease and its variants” defined.
<u>NRS 439.4929</u>	Establishment and maintenance of system for reporting information; objectives; persons required to report information.
<u>NRS 439.4931</u>	Regulations of State Board of Health.
<u>NRS 439.4933</u>	Records of health care facility: Availability to Chief Medical Officer; abstracting of information; schedule of fees for abstracting; administrative penalty for violation of section.
<u>NRS 439.4935</u>	Publication of reports; provision of data fee to cover cost of providing data.
<u>NRS 439.4937</u>	Analysis of information, records and reports; investigation of trends.
<u>NRS 439.4939</u>	Gifts, grants and donations.
<u>NRS 439.4941</u>	Consent required before disclosure of identity of patient, physician or health care facility.
<u>NRS 439.4943</u>	Limitation on civil and criminal liability.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE PROGRAM

<u>NRS 439.495</u>	Establishment; purpose.
<u>NRS 439.496</u>	Powers of Division to apply for and accept gifts, grants and bequests; disposition of money; administration of account.

REPORTING AND ANALYZING INFORMATION ON LUPUS AND ITS VARIANTS

<u>NRS 439.497</u>	Definitions.
<u>NRS 439.4972</u>	“Health care facility” defined.
<u>NRS 439.4974</u>	“Lupus and its variants” defined.
<u>NRS 439.4976</u>	Establishment and maintenance of system for reporting information; objectives; persons required to report information.
<u>NRS 439.4978</u>	Regulations of State Board of Health.
<u>NRS 439.498</u>	Records of health care facility: Availability to Chief Medical Officer; abstracting of information; administrative penalty for violation of section.
<u>NRS 439.4982</u>	Publication of reports; provision of data; fee to cover cost of providing data.
<u>NRS 439.4984</u>	Analysis of information, records and reports; investigation of trends.
<u>NRS 439.4986</u>	Gifts, grants and donations.
<u>NRS 439.4988</u>	Consent required before disclosure of identity of patient, physician or health care facility.
<u>NRS 439.499</u>	Limitation on civil and criminal liability.

ARTHRITIS PREVENTION AND CONTROL PROGRAM

<u>NRS 439.501</u>	Establishment.
<u>NRS 439.505</u>	Duties of Division.
<u>NRS 439.507</u>	Powers of Division to enter into contracts, to apply for and accept gifts, donations, bequests and grants and to apply for federal waivers; disposition of money; administration of account.

RARE DISEASE ADVISORY COUNCIL

[NRS 439.5075](#) Creation; membership; vacancies; compensation; Chair; meetings.
[NRS 439.5077](#) Duties.

TASK FORCE ON ALZHEIMER'S DISEASE

[NRS 439.508](#) Definitions.
[NRS 439.5081](#) "State plan" defined.
[NRS 439.5082](#) "Task Force" defined.
[NRS 439.5083](#) Creation; appointment, qualifications and terms of members; members serve without compensation except per diem; alternates.
[NRS 439.5084](#) Chair and Vice Chair; meetings; quorum; members appointed by Director serve at pleasure of Director.
[NRS 439.5085](#) Duties; submission of annual report to Governor and Legislature; support and assistance of Department; gifts, grants and donations.

COMMITTEE TO REVIEW SUICIDE FATALITIES

[NRS 439.5102](#) "Committee" defined.
[NRS 439.5104](#) Creation; appointment, qualification and terms of members; vacancies.
[NRS 439.5106](#) Powers and duties.
[NRS 439.5108](#) Powers; submission of annual report to Director; confidentiality of information and records.

STATEWIDE PROGRAM FOR SUICIDE PREVENTION

[NRS 439.511](#) Creation; purposes; employment of Coordinator; qualifications of Coordinator; duties of Coordinator.
[NRS 439.512](#) Development and implementation of safe firearm storage campaign; provision of information and assistance concerning community programs for storage of firearms outside home; gifts, grants and donations.
[NRS 439.513](#) Employment of trainer for suicide prevention; qualifications; duties.

GRIEF SUPPORT TRUST ACCOUNT

[NRS 439.5132](#) Creation; purpose; interest and income; nonreversion.
[NRS 439.5134](#) Administration; awards of money; reports.

STATE PROGRAM FOR WELLNESS AND THE PREVENTION OF CHRONIC DISEASE

[NRS 439.514](#) Definitions.
[NRS 439.515](#) "Advisory Council" defined.
[NRS 439.516](#) "Program" defined.
[NRS 439.517](#) Establishment; purpose.
[NRS 439.518](#) Advisory Council: Establishment; purpose; appointment of members.
[NRS 439.519](#) Advisory Council: Terms; Chair; appointment of committees and subcommittees; removal of nonlegislative members; administrative support; quorum; meetings; compensation.
[NRS 439.521](#) Duties of Division.

<u>NRS 439.522</u>	Public hearings.
<u>NRS 439.523</u>	Authority of Division to enter into contracts and award grants.
<u>NRS 439.525</u>	Gifts, grants and contributions: Accounting; use; administration.

REPORTING AND ANALYZING INFORMATION ON NEURODEGENERATIVE DISEASES

<u>NRS 439.5252</u>	Definitions.
<u>NRS 439.5254</u>	“Designated department” defined.
<u>NRS 439.5256</u>	“Health care facility” defined.
<u>NRS 439.5258</u>	“Neurodegenerative disease” defined.
<u>NRS 439.5262</u>	“Parkinsonisms” defined.
<u>NRS 439.5264</u>	“Parkinson’s disease” defined.
<u>NRS 439.5266</u>	“Provider of health care” defined.
<u>NRS 439.5268</u>	Authority to establish and maintain system for reporting information; access of Chief Medical Officer and Department of Human Services to data and reports.
<u>NRS 439.5272</u>	Specifications of designated department governing reporting information to and accessing information.
<u>NRS 439.5274</u>	Notice of and procedure for patient to opt in to reporting of information.
<u>NRS 439.5276</u>	Maintenance of Internet website for system for reporting information.
<u>NRS 439.5278</u>	Gifts, grants and donations.
<u>NRS 439.5282</u>	Consent required before disclosure of identity of patient, provider of health care or facility.
<u>NRS 439.5284</u>	Limitation on civil and criminal liability.

PROGRAM TO TREAT PERSONS WITH HUMAN IMMUNODEFICIENCY VIRUS

<u>NRS 439.529</u>	Administration; duties of Director; use of other programs; prohibition against commingling of money; money for program to be accounted for separately; authorized uses of money.
<u>NRS 439.52905</u>	Prohibitions and requirements relating to federal drug pricing program.

STROKE REGISTRY

<u>NRS 439.5291</u>	Definitions.
<u>NRS 439.5292</u>	“Provider of emergency medical services” defined.
<u>NRS 439.5293</u>	“Provider of health care” defined.
<u>NRS 439.5294</u>	“Registry” defined.
<u>NRS 439.5295</u>	Duty of Division to establish and maintain Registry; gifts, donations, bequests and grants.
<u>NRS 439.5296</u>	Duties of Division to encourage and facilitate sharing and analysis of information and data.
<u>NRS 439.5297</u>	Duty of Division to adopt and carry out procedures for using Registry.

MISCELLANEOUS PROVISIONS

<u>NRS 439.530</u>	Treatment by prayer, mental or spiritual means; no compulsion to submit to medical treatment.
<u>NRS 439.532</u>	Testing and labeling of certain products containing cannabidiol; regulations.

<u>NRS 439.535</u>	Clinic for immunization of children: Availability; immunity of personnel from criminal and civil liability.
<u>NRS 439.538</u>	Electronic transmission of health information: Exemption from state law concerning privacy or confidentiality of certain health information; ability of person to opt out of electronic disclosure of certain health information. [Replaced in revision by <u>NRS 439.597</u> .]
<u>NRS 439.539</u>	Duty of Department to hold informational meetings to coordinate services for victims of sex trafficking.
<u>NRS 439.540</u>	Chapter does not alter powers of Commissioner of Food and Drugs or powers of Director of State Department of Agriculture.
<u>NRS 439.550</u>	Strict enforcement of chapter by local health officer.
<u>NRS 439.560</u>	Enforcement of chapter by public officers.
<u>NRS 439.565</u>	Injunctions against violations.
<u>NRS 439.570</u>	Health authority may report violation to district attorney or Attorney General; initiation and prosecution of action.
<u>NRS 439.580</u>	Penalties.

HEALTH INFORMATION TECHNOLOGY

<u>NRS 439.581</u>	Definitions.
<u>NRS 439.582</u>	“Electronic health record” defined.
<u>NRS 439.583</u>	“Health care provider” defined.
<u>NRS 439.584</u>	“Health information exchange” defined.
<u>NRS 439.585</u>	“Person” defined.
<u>NRS 439.587</u>	Designation of Director of Authority as state authority for health information technology; authorization to establish or contract with one or more health information exchanges; adoption of regulations and other necessary actions authorized.
<u>NRS 439.588</u>	Certification for health information exchange required; disciplinary action for failure to comply with law; administrative fine for operating without certification; regulations.
<u>NRS 439.589</u>	Adoption of framework for electronic maintenance, transmittal and exchange of electronic health records, prescriptions, health-related information and electronic signatures; compliance by certain persons and entities with framework; waiver; exception; failure to comply not misdemeanor.
<u>NRS 439.5895</u>	Notification of regulatory body if licensed provider or insurer fails to comply with regulations governing maintenance, transmittal and exchange of health information; notification of regulatory body upon compliance.
<u>NRS 439.590</u>	Limitations on use, release or publication of certain information; penalty for unauthorized access to electronic health record or health information exchange; establishment of complaint system.
<u>NRS 439.591</u>	Patient not required to participate in health information exchange; notification to patient of breach of confidentiality of electronic health records or health information exchange; patient access to electronic health records.
<u>NRS 439.592</u>	Electronic health records, electronic signatures and electronically transmitted or retrieved health information deemed to comply with certain writing and signature requirements; information maintained or transmitted in electronic health record or retrieved by a health information exchange deemed to comply with certain confidentiality requirements; exception.
<u>NRS 439.593</u>	Immunity from liability for health care provider who takes certain actions with respect to electronic health record.
<u>NRS 439.595</u>	Provision of information to, transmitting, accessing, utilizing or disclosing electronic health record or participation in health information exchange not

unfair trade practice.

[NRS 439.597](#)

Electronic transmission of health information: Exemption from state law concerning privacy or confidentiality of certain health information; ability of person to opt out of electronic disclosure of certain health information.

ADMINISTRATION OF CERTAIN PROCEEDS FROM MANUFACTURERS OF TOBACCO PRODUCTS

GENERAL PROVISIONS

[NRS 439.600](#)

Legislative declaration.

FUND FOR A HEALTHY NEVADA

[NRS 439.620](#)

Creation and administration of Fund; appropriation and expenditure of contents.

[NRS 439.630](#)

Powers and duties of Department; eligibility of veterans for certain benefits or services available to senior citizens, persons with disabilities and other specified persons; submission of biennial report by Grants Management Advisory Committee, Nevada Commission on Aging and Nevada Commission on Services for Persons with Disabilities.

HEALTH AND SAFETY OF PATIENTS AT CERTAIN HEALTH FACILITIES

[NRS 439.800](#)

Definitions.

[NRS 439.802](#)

“Facility-acquired infection” defined.

[NRS 439.803](#)

“Health facility” defined.

[NRS 439.805](#)

“Medical facility” defined.

[NRS 439.810](#)

“Patient” defined.

[NRS 439.815](#)

“Patient safety officer” defined.

[NRS 439.820](#)

“Provider of health care” defined.

[NRS 439.830](#)

“Sentinel event” defined.

[NRS 439.835](#)

Mandatory reporting of sentinel events.

[NRS 439.837](#)

Mandatory investigation of sentinel event by health facility; exceptions.

[NRS 439.840](#)

Reports of sentinel events: Duties of Health Care Purchasing and Compliance Division; confidentiality.

[NRS 439.841](#)

Authority of Health Care Purchasing and Compliance Division to request additional information or to conduct audit or investigation; report of findings; payment of costs.

[NRS 439.843](#)

Annual summaries of reports of sentinel events; compilation by Health Care Purchasing and Compliance Division; confidentiality; posting of patient safety plans by Authority on Internet website.

[NRS 439.845](#)

Analysis and reporting of trends regarding sentinel events; treatment of certain information regarding corrective action by health facility.

[NRS 439.847](#)

Participation in surveillance system by medical facilities and facilities for skilled nursing; access, analysis and reporting of information submitted to surveillance system by Health Care Purchasing and Compliance Division; regulations.

[NRS 439.855](#)

Notification of patients involved in sentinel events.

[NRS 439.856](#)

Provision of certain information relating to facility-acquired infections to patients.

<u>NRS 439.857</u>	Procedure for informing patient, legal guardian or other person that patient at medical facility has infection; immunity from liability for providing certain information.
<u>NRS 439.860</u>	Inadmissibility of certain information in administrative or legal proceeding.
<u>NRS 439.865</u>	Patient safety plan: Development; inclusion of infection control program to prevent and control infections; approval; notice; compliance; annual review and update.
<u>NRS 439.870</u>	Patient safety officer: Designation; duties.
<u>NRS 439.873</u>	Designation, duties and qualifications of infection control officer; required ratio of patients to employees with certain training in infection control; Health Care Purchasing and Compliance Division to provide education and technical assistance.
<u>NRS 439.875</u>	Patient safety committee: Establishment; composition; meetings; duties; proceedings and records are privileged.
<u>NRS 439.877</u>	Patient safety checklists and patient safety policies: Adoption by patient safety committee; required provisions; duties of patient safety committee.
<u>NRS 439.880</u>	Immunity from criminal and civil liability.
<u>NRS 439.885</u>	Violation by health facility: Administrative sanction prohibited when voluntarily reported; administrative sanction imposed when not voluntarily reported; appeal of imposition of sanction; accounting and expenditure of money.
<u>NRS 439.890</u>	Adoption of regulations.

PATIENT PROTECTION COMMISSION

<u>NRS 439.902</u>	Definitions.
<u>NRS 439.904</u>	“Commission” defined.
<u>NRS 439.906</u>	“Provider of health care” defined.
<u>NRS 439.908</u>	Creation; membership; compensation; terms and removal of members; vacancies; Chair; quorum; compliance with ethics requirements.
<u>NRS 439.912</u>	Meetings; bylaws; subcommittees and working groups; contracts; advice and technical assistance by state agencies, boards and commissions.
<u>NRS 439.914</u>	Appointment, qualifications and duties of Executive Director; authority to request information from state agencies.
<u>NRS 439.916</u>	Systematic review of issues relating to health care; authority to request information from state and local governmental entities; hyperlink to data dashboard.
<u>NRS 439.918</u>	Duties; reports.

WEBSITE FOR BACKGROUND INVESTIGATIONS

<u>NRS 439.942</u>	Establishment; requirements to become client; administrators; confidentiality; protection of information; maintenance.
<u>NRS 439.943</u>	Authorized use; inclusion of relevant publicly available information.
<u>NRS 439.944</u>	Access authorized to enter information and manage information and account.
<u>NRS 439.945</u>	Division authorized to enter into cooperative agreements with certain state and federal agencies to obtain information for inclusion.
<u>NRS 439.946</u>	Authorized collection, maintenance and storage of certain information on website.
<u>NRS 439.947</u>	Access to information.
<u>NRS 439.948</u>	Fees; regulations.

PUBLIC HEALTH EMERGENCIES AND OTHER HEALTH EVENTS

<u>NRS 439.950</u>	Definitions.
<u>NRS 439.955</u>	“Emergency team” defined.
<u>NRS 439.960</u>	“Health care facility” defined.
<u>NRS 439.965</u>	“Provider of health care” defined.
<u>NRS 439.970</u>	Determination of public health emergency or other health event; executive order of Governor; designation of emergency team; chair; Attorney General designated legal counsel to emergency team.
<u>NRS 439.973</u>	Authority of Governor to request assistance from contiguous state in carrying out inspections.
<u>NRS 439.975</u>	Powers and duties of emergency team.
<u>NRS 439.980</u>	Duties of chair of emergency team.
<u>NRS 439.983</u>	Duties of emergency team upon resolution of public health emergency or other health event.

STERILE HYPODERMIC DEVICE PROGRAMS

<u>NRS 439.985</u>	Legislative declaration of purpose.
<u>NRS 439.986</u>	“Sterile hypodermic device program” or “program” defined.
<u>NRS 439.987</u>	Establishment.
<u>NRS 439.988</u>	Guidelines governing operation.
<u>NRS 439.989</u>	Program to establish safety procedures, provide community outreach and report to State Board of Health.
<u>NRS 439.990</u>	Staff and volunteers to complete training; requirements for training.
<u>NRS 439.991</u>	Program authorized to provide material for safer injection drug use and certain information.
<u>NRS 439.992</u>	Immunity from civil liability.
<u>NRS 439.993</u>	Confidentiality of records; use of information.
<u>NRS 439.994</u>	Discrimination prohibited.

NOTE: Section 7.7 of chapter 483, Statutes of Nevada 2025, at p. 3155, has been codified as [NRS 232.49933](#).

GENERAL PROVISIONS

NRS 439.005 Definitions. As used in this chapter, unless the context requires otherwise:

1. “Administrator” means the Administrator of the Division.
2. “Authority” means the Nevada Health Authority.
3. “Department” means the Department of Human Services.

4. “Director” means the Director of the Department.
 5. “Division” means the Division of Public and Behavioral Health of the Department.
 6. “Health authority” means the officers and agents of the Division or the officers and agents of the local boards of health.
 7. “Health Care Purchasing and Compliance Division” means the Health Care Purchasing and Compliance Division of the Authority.
 8. “Individually identifiable health information” has the meaning ascribed to it in 45 C.F.R. § 160.103.
- (Added to NRS by [1963, 938](#); A [1967, 1168](#); [1969, 1018](#); [1973, 1406](#); [1983, 832](#); [2011, 1759](#); [2013, 3037](#); [2025, 3671](#))

STATE ADMINISTRATION

Administration

NRS 439.010 Administration of chapter. Except as otherwise provided in [NRS 439.258](#), [439.271](#) to [439.2794](#), inclusive, [439.5102](#) to [439.5108](#), inclusive, [439.581](#) to [439.597](#), inclusive, and [439.800](#) to [439.918](#), inclusive, the provisions of this chapter must be administered by the Administrator and the Division, subject to administrative supervision by the Director.

[Part 5:199:1911; A [1939, 297](#); [1945, 130](#); 1943 NCL § 5239]—(NRS A [1963, 938](#); [1967, 1168](#); [1973, 1406](#); [1983, 832](#); [2011, 1759](#); [2013, 366, 3037](#); [2025, 3671](#))

NRS 439.015 Acceptance and disbursement of federal appropriations; deposit to State Division of Public and Behavioral Health Federal Account. The Department, through the Division, may accept and direct the disbursement of money appropriated by any Act of Congress and apportioned or allocated to the State of Nevada for health purposes under the jurisdiction of the Division. This federal money must be deposited in the State Treasury for credit to the State Division of Public and Behavioral Health Federal Account within the State General Fund.

(Added to NRS by [1975, 257](#); A [1983, 397](#); [1989, 1472](#); [2013, 3037](#); [2025, 3671](#))

NRS 439.030 State Board of Health: Creation; members; qualifications.

1. The State Board of Health, consisting of seven members appointed by the Governor, is hereby created.

2. The Governor shall appoint:

(a) Two members who are doctors of medicine who have been licensed to practice in this State and have engaged in the practice of medicine in this State for not less than 5 years immediately prior to the appointments.

(b) One member who is a doctor of dental surgery who has been licensed to practice in this State and has engaged in the practice of dentistry in this State for not less than 5 years immediately prior to the appointment.

(c) One member who is a doctor of veterinary medicine who has been licensed to practice in this State and has engaged in the practice of veterinary medicine in this State for not less than 5 years immediately preceding the appointment.

(d) One member who is a registered nurse who has been licensed by this State and has engaged in nursing for at least 5 years immediately prior to the appointment.

(e) One member who is a general engineering contractor or general building contractor who is licensed by this State.

(f) One member who is a representative of the general public.

[1:199:1911; A [1919, 221](#); [1939, 297](#); 1931 NCL § 5235]—(NRS A [1959, 92](#); [1967, 278](#); [1977, 633](#))

NRS 439.040 State Board of Health: Term of office. After the initial terms, the term of office of each member of the State Board of Health is 4 years.

[Part 3:199:1911; A [1939, 297](#); 1931 NCL § 5237]—(NRS A [1959, 93](#); [1977, 633](#))

NRS 439.060 State Board of Health: Meetings; quorum.

1. The State Board of Health may meet regularly at least once every 6 months.
2. The State Board of Health may hold such special meetings as may be called by the Chair. A special meeting must be called whenever requested by the Chief Medical Officer, the Administrator or by two members of the Board.
3. Four members constitute a quorum, but a concurrence of at least a majority of the members of the Board is required on all questions.

[Part 2:199:1911; A [1939, 297](#); 1931 NCL § 5236]—(NRS A [1971, 358](#); [1977, 633](#); [1981, 398](#); [1983, 832](#), [1443](#))

NRS 439.070 State Board of Health: Secretary; Executive Officer. The Administrator is the Executive Officer of the State Board of Health and shall act as Secretary of the Board. The Administrator shall not be a member of the Board.

[Part 3:199:1911; A [1939, 297](#); 1931 NCL § 5237] + [Part 5:199:1911; A [1939, 297](#); [1945, 130](#); 1943 NCL § 5239]—(NRS A [1983, 832](#))

NRS 439.080 State Board of Health: Compensation of members and employees.

1. Each appointive member of the State Board of Health is entitled to receive a salary of not more than \$80 per day, as fixed by the Board, while attending meetings of the Board.

2. While engaged in the business of the State Board of Health, each member and employee of the Board is entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally.

[Part 2:199:1911; A [1939, 297](#); 1931 NCL § 5236]—(NRS A [1963, 938](#); [1975, 298](#); [1981, 1983](#); [1985, 424](#); [1989, 1715](#))

NRS 439.085 Chief Medical Officer: Appointment; unclassified service.

1. The Director shall appoint a Chief Medical Officer.
2. The Chief Medical Officer is in the unclassified service of the State and serves at the pleasure of the Director.

(Added to NRS by [2013, 3036](#))

NRS 439.095 Chief Medical Officer: Qualifications. The Chief Medical Officer must:

1. Be a citizen of the United States;
2. Have not less than 5 years' experience in behavioral health or public health in a managerial or supervisory capacity; and
3. Be:
 - (a) Licensed in good standing or eligible for a license as a physician or administrative physician in Nevada;
 - (b) Licensed in good standing or eligible for a license as a physician or administrative physician in the District of Columbia or in any state or territory of the United States; or
 - (c) A physician or administrative physician who has a master's degree or doctoral degree in public health or a related field.

(Added to NRS by [2013, 3036](#))

NRS 439.110 Chief Medical Officer: Devotion of time to official duties; cooperation with Nevada System of Higher Education; maintenance of clinical practice.

1. Except as otherwise provided in this section and [NRS 284.143](#), the Chief Medical Officer shall devote his or her full time to the official duties of the Chief Medical Officer and shall not engage in any other business or occupation.

2. Notwithstanding the provisions of [NRS 281.127](#), the Chief Medical Officer may cooperate with the Nevada System of Higher Education in the preparation and teaching of preservice professional workers in public health and in a program providing additional professional preparation for behavioral health workers and public health workers employed by the State of Nevada.

3. With the approval of the Director, the Chief Medical Officer may maintain a clinical practice that is not established through the University of Nevada in order to retain expertise and remain current in his or her specialized field.

[Part 4:199:1911; A [1919, 221](#); [1939, 297](#); [1941, 89](#); [1943, 215](#); [1947, 752](#); 1943 NCL § 5238]—(NRS A [1960, 70](#); [1969, 1442](#); [1993, 403](#); [1995, 2314](#); [2013, 3037](#); [2017, 1404](#))

NRS 439.130 Chief Medical Officer and Administrator: Duties.

1. The Chief Medical Officer shall:

(a) Enforce all laws and regulations pertaining to the public health.

(b) Investigate causes of disease, epidemics, source of mortality, nuisances affecting the public health, and all other matters related to the health and life of the people, and to this end the Chief Medical Officer may enter upon and inspect any public or private property in the State.

(c) Oversee the operation of facilities and centers established pursuant to title 39 of NRS.

(d) Direct the work of subordinates and may authorize them to act in his or her place and stead.

(e) Except as otherwise provided in subsection 5 of [NRS 439.970](#), perform the duties prescribed in [NRS 439.950](#) to [439.983](#), inclusive.

(f) Perform such other duties as the Director may, from time to time, prescribe.

➡ If the Chief Medical Officer is not licensed to practice medicine in this State, he or she shall not, in carrying out the duties of the Chief Medical Officer, engage in the practice of medicine.

2. The Administrator shall direct the work of the Division, administer the Division and perform such other duties as the Director may, from time to time, prescribe.

[Part 5:199:1911; A [1939, 297](#); [1945, 130](#); 1943 NCL § 5239]—(NRS A [1963, 939](#); [1983, 833](#); [2009, 369](#); [2554](#); [2013, 3036](#), [3037](#))

NRS 439.135 Appointment of Commissioner of Food and Drugs and other agents by Administrator. As provided in [chapter 585](#) of NRS, the Administrator shall designate and appoint, for the enforcement of [chapter 585](#) of NRS, a Commissioner and such other agent or agents as the Administrator may deem necessary.

(Added to NRS by [1959, 617](#); A [1963, 939](#); [1969, 616](#); [1983, 833](#))

NRS 439.140 Appointment or removal of subordinate officer or employee of Division.

1. With the approval of the Director, the Administrator shall appoint and may remove subordinate officers and employees of the Division.

2. For the purpose of insuring the impartial selection of personnel on the basis of merit, the Administrator may fill all positions in the Division, with the exception of the positions of Chief Medical Officer and professional persons employed for part-time duties, from the classified service of the State.

[Part 5:199:1911; A [1939, 297](#); [1945, 130](#); 1943 NCL § 5239]—(NRS A [1963, 939](#); [1983, 833](#); [1985, 424](#))

Powers and Duties

NRS 439.150 State Board of Health supreme in matters concerning health; Department designated agency for federal cooperation; fees.

1. The State Board of Health is hereby declared to be supreme in all nonadministrative health matters. It has general supervision over all matters, except for administrative matters and as otherwise provided in [NRS 439.950](#) to [439.983](#), inclusive, relating to the preservation of the health and lives of citizens of this State and over the work of the Chief Medical Officer and all district, county and city health departments, boards of health and health officers.

2. The Department is hereby designated as the agency of this State to cooperate with the federal authorities in the administration of those parts of the Social Security Act which relate to the general promotion of public health. It may receive and expend all money made available to the Division by the Federal Government, the State of Nevada or its political subdivisions, or from any other source, for the purposes provided in this chapter. In developing and revising any state plan in connection with federal assistance for health programs, the Department shall consider, without limitation, the amount of money available from the Federal Government for those programs, the conditions attached to the acceptance of that money and the limitations of legislative appropriations for those programs.

3. Except as otherwise provided in [NRS 576.128](#), the State Board of Health may set reasonable fees for the:

(a) Licensing, registering, certifying, inspecting or granting of permits for any facility, establishment or service regulated by the Division or the Health Care Purchasing and Compliance Division;

(b) Programs and services of the Division and the Health Care Purchasing and Compliance Division;

(c) Review of plans; and

(d) Certification and licensing of personnel.

↪ Fees set pursuant to this subsection must be calculated to produce for that period the revenue from the fees projected in the budget approved for the Division or the Health Care Purchasing and Compliance Division, as applicable, by the Legislature.

[Part 25:199:1911; added [1919, 221](#); A [1939, 297](#); 1931 NCL § 5259] + [Part 6 1/2:199:1911; added [1939, 297](#); 1931 NCL § 5259.02]—(NRS A [1963, 939](#); [1967, 1168](#); [1973, 1406](#); [1981, 1599, 1898](#); [1987, 773](#); [1997, 3172](#); [2001, 415](#); [2005, 22nd Special Session, 54](#); [2009, 369](#); [2013, 3038](#); [2025, 3671](#))

NRS 439.155 Contracts for cooperation with governmental entities and others; effect of payments to Division for such cooperation; immunity from and limitations on liability not waived.

1. For the purposes of [NRS 439.010](#) to [439.256](#), inclusive, [439.259](#) to [439.265](#), inclusive, [439.280](#) to [439.580](#), inclusive, [439.600](#), [439.620](#), [439.630](#) and [439.942](#) to [439.994](#), inclusive, the Department through the Division may cooperate, financially or otherwise, and execute contracts or agreements with the Federal Government, any federal department or agency, any other state department or agency, a county, a city, a public district or any political subdivision of this State, a public or private corporation, an individual or a group of individuals. Such a contract or agreement may include provisions whereby the Division will provide staff, services or other resources, or any combination thereof, without payment, to further the purposes of the contract or agreement. If the contract or agreement includes a provision whereby the Division is paid for the provision of staff, services or other resources, the payment will be reimbursed directly to the Division's budget. Cooperation pursuant to this section does not of itself relieve any person, department, agency or political subdivision of any responsibility or liability existing under any provision of law.

2. If the Administrator or the Administrator's designee enters into a contract or agreement pursuant to subsection 1 with a private nonprofit corporation, the contract or

agreement may allow:

(a) The Division to enter and inspect any premises which are related to services provided under the contract or agreement and to inspect any records which are related to services provided under the contract or agreement to ensure the welfare of any consumer served by the private nonprofit corporation under the contract or agreement;

(b) The Division and the private nonprofit corporation to share confidential information concerning any consumer served by the private nonprofit corporation under the contract or agreement; and

(c) The private nonprofit corporation to assign rights and obligations of the private nonprofit corporation under the contract or agreement to the Division.

3. The State, the Department and the Division do not waive any immunity from liability or limitation on liability provided by law by entering into a contract or agreement pursuant to this section and any such contract or agreement must include a provision to that effect.

(Added to NRS by [2013, 316](#); A [2025, 3672](#))

NRS 439.160 Uniform compliance with certain provisions of chapter.

1. The Division is charged with:

(a) The thorough and efficient execution of the provisions of [NRS 439.010](#) to [439.256](#), inclusive, [439.259](#) to [439.265](#), inclusive, [439.280](#) to [439.580](#), inclusive, [439.600](#), [439.620](#), [439.630](#) and [439.942](#) to [439.994](#), inclusive, in every part of the State; and

(b) Supervisory power over local health officers,

↳ to the end that all of the requirements of [NRS 439.010](#) to [439.256](#), inclusive, [439.259](#) to [439.265](#), inclusive, [439.280](#) to [439.580](#), inclusive, [439.600](#), [439.620](#), [439.630](#) and [439.942](#) to [439.994](#), inclusive, shall be uniformly complied with.

2. The Division shall have authority to investigate cases of irregularity or violation of the law, and all local health officers shall aid the Division, upon request, in such investigations.

[Part 22:199:1911; RL § 2973; NCL § 5256]—(NRS A [1963, 939](#); [2025, 3673](#))

NRS 439.170 Prevention of sickness and disease; legal action for enforcement of laws and regulations; provision of information concerning importance of annual physical examination for children.

1. The Division shall take such measures as may be necessary to prevent the spread of sickness and disease, and shall possess all powers necessary to fulfill the duties and exercise the authority prescribed by law and to bring actions in the courts for the enforcement of all health laws and lawful rules and regulations.

2. The Division shall include in appropriate public health programs and activities information concerning the importance of an annual physical examination by a provider of health care for children.

[Part 25:199:1911; added [1919, 221](#); A [1939, 297](#); 1931 NCL § 5259]—(NRS A [1963, 940](#); [2019, 1478](#))

NRS 439.180 Biennial report to Director by Administrator. The Administrator shall make a biennial report to the Director, setting forth the condition of public health in the State and making such recommendations for legislation, appropriations and other matters as are deemed necessary or desirable.

[Part 25:199:1911; added [1919, 221](#); A [1939, 297](#); 1931 NCL § 5259]—(NRS A [1963, 940](#); [1983, 833](#))

NRS 439.190 Hearings and witnesses. The State Board of Health may hold hearings and summon witnesses to testify before it.

[Part 25:199:1911; added [1919, 221](#); A [1939, 297](#); 1931 NCL § 5259]

NRS 439.200 Adoption, effect, variances and distribution of regulations of State Board of Health; recommendations regarding certain program for repayment of student

loans.

1. The State Board of Health may by affirmative vote of a majority of its members adopt, amend and enforce reasonable regulations consistent with law:

- (a) To define and control dangerous communicable diseases.
- (b) To prevent and control nuisances.
- (c) To regulate sanitation and sanitary practices in the interests of the public health.

(d) To govern and define the powers and duties of local boards of health and health officers, except with respect to the provisions of [NRS 444.440](#) to [444.620](#), inclusive, [444.650](#), [445A.170](#) to [445A.955](#), inclusive, and [chapter 445B](#) of NRS.

- (e) To protect and promote the public health generally.
- (f) To carry out all other purposes of this chapter.

2. Except as otherwise provided in [NRS 444.650](#), those regulations have the effect of law and supersede all local ordinances and regulations inconsistent therewith, except those local ordinances and regulations which are more stringent than the regulations provided for in this section.

3. The State Board of Health may grant a variance from the requirements of a regulation if it finds that:

- (a) Strict application of that regulation would result in exceptional and undue hardship to the person requesting the variance; and
- (b) The variance, if granted, would not:
 - (1) Cause substantial detriment to the public welfare; or
 - (2) Impair substantially the purpose of that regulation.

4. Each regulation adopted by the State Board of Health must be published immediately after adoption and issued in pamphlet form for distribution to local health officers and the residents of the State.

5. The State Board of Health shall make recommendations to the State Treasurer regarding the designation of positions for the regulations required to be adopted pursuant to paragraph (e) of subsection 2 of [NRS 226.462](#). In determining whether to designate a position, the Board shall make findings regarding:

- (a) The history of the rate of turnover or length of vacancy for the position;
- (b) The difficulty in filling the position due to special circumstances, including, without limitation, special educational or experience requirements for the position; and
- (c) The history and success of the efforts to recruit for the position, including, without limitation, advertising, recruitment outside of this State and all other efforts made.

[Part 25:199:1911; added [1919, 221](#); A [1939, 297](#); 1931 NCL § 5259]—(NRS A [1969, 880](#); [1971, 137, 807](#); [1977, 1138](#); [1979, 703](#); [1983, 329, 1129](#); [1987, 775](#); [1991, 2189](#); [2009, 1077](#); [2025, 1580, 3541](#))

NRS 439.230 Personal and statistical information to be secured from patient admitted or committed to public or private institution.

1. All superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private, to which persons resort for treatment of diseases, or confinement, or are committed by process of law, shall make a record of all the personal and statistical particulars relative to the inmates of their institutions at the time of their admission on the forms of the certificates provided for by law and as directed by the State Board of Health.

2. In case of persons admitted or committed for medical treatment of disease, the physician in charge shall specify for entry in the record the nature of the disease and where, in his or her opinion, it was contracted.

3. The personal particulars and information required by this section shall be obtained from the patient, if it is practicable to do so. When they cannot be so obtained, they shall be secured in as complete a manner as possible from relatives, friends or other persons acquainted with the facts.

[Part 17:199:1911; A [1915, 249](#); [1951, 312](#); [1953, 311](#)]

NRS 439.235 Duties of Division to ensure access for persons with limited English proficiency to certain services related to COVID-19; collaboration with community-based organizations; gifts, grants, donations and other funding.

1. The Division shall take reasonable steps to ensure that persons with limited English proficiency who are eligible to receive services from the Division that are intended to help restrain the spread of COVID-19 have meaningful and timely access to those services. Such steps must include, without limitation:

(a) Maintaining a record of the preferred language of each person who receives any service from the Division that is intended to help restrain the spread of COVID-19, including without limitation, guidance, testing, contact tracing and immunization;

(b) Identifying the languages preferred by such recipients;

(c) Taking reasonable steps to provide meaningful and timely access to oral language services to recipients of services described in paragraph (a); and

(d) Provide notice of the availability of such services, to the extent practicable, in the languages identified and at a literacy level and in a format that is likely to be understood by such recipients.

2. The Division shall take reasonable steps to ensure that persons with limited English proficiency have meaningful and timely access in their preferred language to:

(a) Vital information and documents relating to COVID-19. Such information and documents include, without limitation, those necessary to access or participate in the services, programs and activities of the Division related to COVID-19, including, without limitation, applications, instructions for completing applications, contracts, stipulations, outreach materials, written notices or letters that affect the legal rights or benefits of a person and any communications of the Division relating to COVID-19.

(b) Any governmental order issued to restrain the spread of COVID-19 and any information relating to a state of emergency or declaration of disaster for COVID-19 proclaimed pursuant to [NRS 414.070](#). For the purposes of this paragraph, meaningful access shall be deemed to be timely if it occurs within 7 days after the order is issued or the proclamation is made.

3. When determining whether steps to provide meaningful and timely access to a service described in subsection 1 or 2 are reasonable, the Division shall consider:

(a) The number of persons with limited English proficiency who are eligible for the service and have a particular preferred language and the proportion of such persons to the total number of persons eligible for the service;

(b) The frequency with which persons with limited English proficiency who are eligible for the service have contact with the Division for purposes relating to the service;

(c) The nature and importance of the service; and

(d) Available resources.

4. The Division shall collaborate with community-based organizations that serve persons with limited English proficiency to prioritize the provision of services, information and documents in languages other than English as described in this section.

5. The Division may:

(a) Accept gifts, grants and donations for the purpose of carrying out the provisions of this section; and

(b) Research and apply for any available federal or private funding that may be used to carry out the provisions of this section.

6. As used in this section:

(a) “Contact tracing” means investigating a case of COVID-19 to identify:

(1) A person who has been diagnosed with COVID-19; and

(2) Any person who has or may have:

(I) Come into contact with a person who has been diagnosed with COVID-19; or

(II) Otherwise been exposed to COVID-19.

(b) “COVID-19” means:

(1) The novel coronavirus identified as SARS-CoV-2;

(2) Any mutation of the novel coronavirus identified as SARS-CoV-2; or

(3) A disease or health condition caused by the novel coronavirus identified as SARS-CoV-2.

(c) “Dual-role interpreter” means a multilingual employee who:

(1) Has been tested for language skills and trained as an interpreter; and

(2) Engages in interpreting as part of his or her job duties.

(d) “Oral language services” means services to convey verbal information to persons with limited English proficiency. The term:

(1) Includes, without limitation, staff interpreters, dual-role interpreters, other multilingual employees, telephone interpreter programs, audiovisual interpretation services and non-governmental interpreters.

(2) Does not include family members, friends and other acquaintances of persons with limited English proficiency who have no formal training in interpreting.

(e) “Person with limited English proficiency” means a person who reads, writes or speaks a language other than English and who cannot readily understand or communicate in the English language in written or spoken form, as applicable, based on the manner in which information is being communicated.

(Added to NRS by [2021, 3230](#))

NRS 439.240 State Public Health Laboratory: Maintenance by University of Nevada School of Medicine; branch laboratories; purpose; administration; reports.

1. The University of Nevada School of Medicine shall maintain the State Public Health Laboratory, and may designate, establish or maintain such branch laboratories as may be necessary.

2. The purpose of the State Public Health Laboratory is:

(a) To make available, at such charges as may be established or are prescribed pursuant to [NRS 442.008](#), to health officials, the Director of the State Department of Agriculture and licensed physicians of the State, proper laboratory facilities for the prompt diagnosis of communicable diseases.

(b) To make necessary examinations and analyses of water, natural ice, sewage, milk, food and clinical material.

(c) To conduct research into the nature, cause, diagnosis and control of diseases.

(d) To undertake such other technical and laboratory duties as are in the interest of the health of the general public.

3. The person in charge of the State Public Health Laboratory, or the person’s designee, must be a skilled bacteriologist.

4. The person in charge of the State Public Health Laboratory may have such technical assistants as that person, in cooperation with the University of Nevada School of Medicine, considers necessary.

5. Reports of investigations conducted at the State Public Health Laboratory may be published from time to time in bulletins and circulars.

6. If the University of Nevada School of Medicine designates a branch laboratory pursuant to subsection 1 that is operated or controlled by a public agency other than the University of Nevada School of Medicine, the public agency and the University of Nevada School of Medicine shall enter into a cooperative agreement pursuant to [NRS 277.080 to 277.180](#), inclusive, concerning the branch laboratory. The cooperative agreement must include, without limitation, provisions setting forth the powers and duties of each party to the cooperative agreement.

[1:230:1909; RL § 3941; NCL § 7060] + [2:230:1909; RL § 3942; NCL § 7061] + [3:230:1909; RL § 3943; NCL § 7062] + [4:230:1909; RL § 3944; NCL § 7063] + [5:230:1909; RL § 3945; NCL § 7064] + [33:199:1911; added [1919, 221](#); A [1939, 297](#); [1945, 177](#); 1943 NCL § 5267]—(NRS A [1963, 268, 1185, 1983, 833](#); [1997, 1204](#); [2001, 2438](#); [2009, 30](#); [2017, 144](#); [2025, 2568](#))

NRS 439.245 Data dashboard for data relating to telehealth access: Establishment; requirements; availability.

1. To the extent that money is available for this purpose, the Department shall:

(a) Establish a data dashboard that allows for the analysis of data relating to access to telehealth by different groups and populations in this State. The data dashboard must, to the extent authorized by federal law:

(1) Include, without limitation, data concerning health care services, behavioral health services and dental services provided through telehealth; and

(2) Allow for the user to sort data based on the race, ethnicity, ancestry, national origin, color, sex, sexual orientation, gender identity or expression, mental or physical disability, income level or location of residence of the patient, type of telehealth service and any other category determined useful by the Department; and

(b) Make the data dashboard available on an Internet website maintained by the Department.

2. As used in this section:

(a) “Data dashboard” means a computerized tool that:

(1) Provides a centralized, interactive means of monitoring, measuring, analyzing and extracting relevant information from different sets of data; and

(2) Displays information in an interactive, intuitive and visual manner.

(b) “Telehealth” has the meaning ascribed to it in [NRS 629.515](#).

(Added to NRS by [2021, 3004](#))

NRS 439.249 Continuing education and information concerning health of veterans; report.

1. The Division shall, in collaboration with the United States Department of Veterans Affairs and the Department of Veterans Services:

(a) Establish continuing education courses concerning the health of veterans and make those courses available at no cost to providers of health care and any person who provides services related to the health or welfare of veterans and family members of veterans; or

(b) Provide information concerning the health of veterans to providers of health care and any person who provides services related to the health or welfare of veterans and family members of veterans.

2. Continuing education courses established pursuant to subsection 1 or information provided pursuant to that subsection must include, without limitation, information concerning service-connected disabilities and diseases, including, without limitation, diseases presumed to be service-connected pursuant to 38 C.F.R. §§ 3.303 to 3.344, inclusive.

3. On or before April 1 of each year, the Division shall:

(a) Compile a report concerning the health of veterans in this State. The report must include, without limitation:

(1) Information concerning trends in cancers, other illnesses and deaths related to service-connected disabilities and diseases, including, without limitation, diseases presumed to be service-connected pursuant to 38 C.F.R. §§ 3.303 to 3.344, inclusive; and

(2) A summary of the information submitted to the Division pursuant to [NRS 417.126](#).

(b) Submit the report to the Governor, the Department of Veterans Services and the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs created by [NRS 218E.750](#).

4. As used in this section, “provider of health care” has the meaning ascribed to it in [NRS 417.124](#).

(Added to NRS by [2019, 2692](#))

NRS 439.255 Masks and face shields for use in cardiopulmonary resuscitation: Regulations; provision to peace officers and firefighters; waiver of requirements; civil immunity for use.

1. The State Board of Health shall adopt by regulation the types of portable manual masks and face shields that are approved by the Board to assist in the prevention of the spread of communicable diseases during the administration of cardiopulmonary resuscitation. An approved mask or face shield may not weigh more than 1 pound.

2. Except as otherwise provided in subsection 3, every employer shall, without charge to the peace officer or firefighter, provide each peace officer, whether or not the peace officer is on duty, and each firefighter who is on duty, whether paid or voluntary, with:

(a) A portable manual mask and face shield approved by the Board; and

(b) Initial training and instruction in the use of the equipment.

↪ The mask, shield and training must be provided not later than 30 days after the first day of employment. The employer shall provide refresher courses in the use of the equipment when necessary.

3. An employer may apply to the Division for a waiver of the requirements of subsection 2 with regard to each peace officer or firefighter who, in the normal course of his or her employment, is not likely ever to administer cardiopulmonary resuscitation. The application must be in writing, specify the reasons why the employee is not likely in the normal course of his or her employment ever to administer cardiopulmonary resuscitation and be sworn to by the employer or his or her authorized representative. The Division shall grant or deny the waiver based on the information contained in the application.

4. A waiver granted pursuant to subsection 3 expires upon any change in the duties of the peace officer or firefighter which makes it likely that he or she will administer cardiopulmonary resuscitation at some time in the normal course of his or her employment. The date of the change in duties shall be deemed to be the first day of employment for purposes of subsection 2.

5. An injury or illness which results from the use of a mask or shield by a peace officer or firefighter pursuant to subsection 2 may not be considered as negligence or as causation in any civil action brought against a peace officer or firefighter or his or her employer.

6. As used in this section:

(a) “Employer” means any person who employs or provides equipment to a firefighter or peace officer, including the State of Nevada and its political subdivisions.

(b) “Peace officer” means:

(1) Sheriffs of counties and of metropolitan police departments and their deputies;

(2) Personnel of the Nevada Highway Patrol whose principal duty is to enforce one or more laws of this State and any person promoted from such a duty to a supervisory position related to such a duty; and

(3) Marshals and police officers of cities and towns.

(Added to NRS by [1989, 307](#); A [2001, 2615](#); [2005, 327, 675](#))

NRS 439.256 Program to improve response to medical emergencies: Establishment; requirements; activities of Division.

1. The Division shall establish and operate a program to improve:

(a) The ability of persons in this State to respond to medical emergencies; and

(b) The access of persons in this State to resources for responding to a medical emergency.

2. The program must:

(a) Assist volunteers in receiving training in cardiopulmonary resuscitation, training through the Community Emergency Response Team program of the Federal Emergency Management Agency of the United States Department of Homeland Security or similar training for responding to a medical emergency.

(b) Allow volunteers who are certified in cardiopulmonary resuscitation by a nationally recognized organization to register to authorize the Division to notify persons described in paragraph (c) of the location of the volunteers.

(c) Provide multiple means to notify a person who is experiencing a medical emergency or assisting a person who is experiencing a medical emergency of the location of volunteers who have registered pursuant to paragraph (b), health facilities and kits to provide first aid or stop the loss of blood. Such means must include, without limitation, signage, applications for mobile devices and access to information through quick response codes.

(d) Provide resources to assist communities in this State in achieving the HEARTSafe Community designation, or any successor designation, awarded by the Citizen CPR Foundation, or its successor organization, and incentives to encourage communities in this State to achieve that designation.

3. In carrying out the provisions of this section, the Division may:

(a) Contract with or collaborate with any public or private person or entity, including, without limitation:

(1) Providers of the training described in paragraph (a) of subsection 2;

(2) Federal, state and local governmental agencies;

(3) The Stop the Bleed program of the American College of Surgeons, or any successor program;

(4) The American Heart Association, or its successor organization;

(5) Providers of emergency medical services;

(6) Local emergency response organizations;

(7) Community health organizations;

(8) Homeowners' associations;

(9) Insurers; and

(10) Health facilities and providers of health care.

(b) Establish one or more advisory committees.

(c) Apply for and accept gifts, grants and donations from any source.

4. As used in this section:

(a) "Health facility" means a facility in or through which health services are provided.

(b) "Mobile device" includes, without limitation, a smartphone or a tablet computer.

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

(Added to NRS by [2025, 1032](#))

NRS 439.258 Programs for treatment of persons who commit domestic violence; regulations.

1. The Health Care Purchasing and Compliance Division shall evaluate, certify and monitor programs for the treatment of persons who commit domestic violence in accordance with the regulations adopted pursuant to subsection 2.

2. The State Board of Health shall adopt regulations:

(a) Governing the evaluation, certification and monitoring of programs for the treatment of persons who commit domestic violence; and

(b) Imposing fees for the certification of such programs.

3. The regulations adopted pursuant to subsection 2 must include, without limitation, provisions:

(a) Requiring that a program:

(1) Include a module specific to victim safety; and

(2) Be based on:

(I) Evidence-based practices; and

(II) The assessment of a program participant by a supervisor of treatment or provider of treatment;

(b) Requiring that the curriculum and instructional materials used in a program be evidence-based; and

(c) Allowing a program that is located in another state to become certified in this State to provide treatment to persons who:

(1) Reside in this State; and

(2) Are ordered by a court in this State to participate in a program for the treatment of persons who commit domestic violence.

(Added to NRS by [2017, 2467](#); A [2019, 4465](#); [2025, 264](#), [3673](#))

NRS 439.259 Grants for addressing disparities in health care and health outcomes based on certain categories of persons; selection of nonprofit organization to serve as lead partner; establishment of advisory committee; annual report.

1. The Division may apply for grants available from the Federal Government and other sources which have the express purpose of addressing disparities in health care and health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level.

2. To the extent authorized by the terms of a grant obtained pursuant to subsection 1, the Division may:

(a) Use a competitive process to select and award a grant of money to a nonprofit organization to serve as a lead partner to ensure that health care services supported by a grant obtained pursuant to subsection 1 are funded and allocated in an equitable manner. The lead partner must:

(1) Be based in the community to which the health care services are to be provided; and

(2) Have demonstrated experience serving that community.

(b) Establish and consult with an advisory committee to ensure that health care services supported by a grant obtained pursuant to subsection 1 are provided in a culturally competent manner. The advisory committee must be composed of representatives of nonprofit organizations that have demonstrated experience serving the community to which the health care services are to be provided.

3. On or before February 1 of each year, the Department shall:

(a) Compile a report that includes, without limitation:

(1) The amount of money allocated by the Department during the immediately preceding calendar year to support the provision of health care services or other services to promote physical well-being in communities with higher risk of health problems, decreased access to or usage of health care services or worse health outcomes or physical well-being than the general population based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language or income level;

(2) A description of the services described in subparagraph (1) that were provided during the immediately preceding calendar year and the efforts made by the Department during the immediately preceding calendar year to locate persons in need of such services and provide such services to those persons;

(3) The number of persons who received the services described in subparagraph (1) and, to the extent available, information regarding the income level, age, race and ethnicity of those persons; and

(4) Any community-based organizations with which the Department collaborated to provide those services; and

(b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(1) In even-numbered years, the Legislative Commission and the Joint Interim Standing Committee on Health and Human Services; and

(2) In odd-numbered years, the next regular session of the Legislature.

(Added to NRS by [2021, 2701](#))

NRS 439.261 Grants for addressing race-based health disparities relating to kidney disease; establishment of advisory committee; annual report.

1. The Division may apply for grants available from the Federal Government and other sources to support the identification, understanding and mitigation of health disparities relating to kidney disease that are based on race. Such disparities include, without limitation, disparities concerning:

(a) Early detection, frequency and severity of kidney disease; and

(b) Promotion of kidney transplantation.

2. The Division may establish and consult with an advisory committee to establish a sustainable plan to increase education concerning and awareness of kidney disease through which services supported by a grant obtained pursuant to subsection 1 may, to the extent applicable and authorized by the terms of the grant, be delivered. The advisory committee must be composed of representatives of providers of health care and medical facilities who provide care for kidney disease, patients with kidney disease, organ procurement organizations, national kidney organizations and any other members that the Division deems appropriate.

3. On or before February 1 of each year, the Department shall compile a report that includes, without limitation, the status of grants applied for during the immediately preceding calendar year pursuant to subsection 1 and submit the report to the Director of the Legislative Counsel Bureau for transmittal to:

(a) In even-numbered years, the Legislative Commission and the Joint Interim Standing Committee on Health and Human Services; and

(b) In odd-numbered years, the next regular session of the Legislature.

4. As used in this section:

(a) "Medical facility" has the meaning ascribed to it in [NRS 449.0151](#).

(b) “Organ procurement organization” means a person designated by the Secretary of the United States Department of Health and Human Services as an organ procurement organization.

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

(Added to NRS by [2021, 2702](#))

NRS 439.263 Policy of State concerning clinical trials; duties of Division to carry out policy; acceptance of gifts, grants and donations.

1. It is the policy of this State to:

(a) Improve the completeness and quality of data concerning diverse demographic groups that is collected, reported and analyzed for the purposes of clinical trials of drugs and medical devices;

(b) Identify barriers to participation in clinical trials by persons who are members of demographic groups that are underrepresented in such trials and employ strategies recognized by the United States Food and Drug Administration to encourage greater participation in clinical trials by such persons; and

(c) Make data concerning demographic groups that is collected, reported and analyzed for the purposes of clinical trials more available and transparent.

2. To assist in carrying out this policy:

(a) The Division shall review the most recent version of “Collection of Race and Ethnicity Data in Clinical Trials—Guidance for Industry and Food and Drug Administration Staff,” published by the United States Food and Drug Administration, and establish, using existing infrastructure and tools, a program to encourage participation in clinical trials of drugs and medical devices by persons who are members of demographic groups that are underrepresented in such clinical trials. The program must include, without limitation:

(1) Collaboration with medical facilities, health authorities and other local governmental entities, nonprofit organizations and scientific investigators and institutions that are performing research relating to drugs or medical devices to assist such investigators and institutions in identifying and recruiting persons who are members of underrepresented demographic groups to participate in clinical trials; and

(2) The establishment and maintenance of an Internet website that:

(I) Provides information concerning methods recognized by the United States Food and Drug Administration for identifying and recruiting persons who are members of underrepresented demographic groups to participate in clinical trials; and

(II) Contains links to Internet websites maintained by medical facilities, health authorities and other local governmental entities, nonprofit organizations and scientific investigators and institutions that are performing research relating to drugs or medical devices in this State.

(b) With the assistance of the Office of Federal Assistance, the Division shall apply for grants from any source, including, without limitation, the Federal Government, to fund the program established pursuant to paragraph (a).

(c) Not later than May 1 of each even-numbered year, the Division shall submit to the Director of the Legislative Counsel Bureau for transmittal to the Legislature a report concerning the status and results of the program established pursuant to paragraph (a).

(d) Each state or local governmental entity that conducts clinical trials of drugs or medical devices, including, without limitation, the Board of Regents of the University of Nevada, shall adopt a policy concerning the identification and recruitment of persons who are members of underrepresented demographic groups to participate in those clinical trials. Such a policy must include, without limitation, requirements that investigators who are conducting clinical trials collaborate with community-based organizations and use methods recognized by the United

States Food and Drug Administration to identify and recruit such persons to participate in those clinical trials.

3. For the purposes of this section, demographic groups that are underrepresented in clinical trials may include, without limitation, persons who are underrepresented by race, sex, sexual orientation, socioeconomic status and age.

4. The Division may accept gifts, grants and donations from any source for the purpose of carrying out the provisions of this section.

5. As used in this section, "medical facility" has the meaning ascribed to it in [NRS 449.0151](#).

(Added to NRS by [2017, 630](#); A [2021, 3713](#))

NRS 439.265 Immunization Information System: Establishment and administration; duty to report information concerning immunization administered to child; contents and form of report; parent or guardian to be provided information concerning System; parent or guardian may decline inclusion of information in System; disclosure of information; regulations.

1. The Department shall establish an Immunization Information System to collect information concerning the immunization of children in this State. The Immunization Information System must be administered by the State Board of Health.

2. Except as otherwise provided in subsection 4, a person who administers any immunization to a child which is recommended and approved by the United States Public Health Service Advisory Committee on Immunization Practices, or its successor organization, on or after July 1, 2009, shall report information concerning the child and the immunization provided to the child to the Department for inclusion in the Immunization Information System. The information reported must include, without limitation:

- (a) The immunization provided to the child;
- (b) The name of the child;
- (c) Demographic information concerning the child, including, without limitation, the age, gender and race of the child; and
- (d) Any other information required by regulation of the State Board of Health, taking into consideration applicable requirements for information relating to the immunization of children of:

(1) The Centers for Disease Control and Prevention of the United States Department of Health and Human Services; and

(2) Any other governmental entity.

3. A person who reports information pursuant to subsection 2 may also report information concerning the history of the immunizations of the child if known to the Department for inclusion in the Immunization Information System.

4. The State Board of Health shall establish the form for reporting information to the Department for inclusion in the Immunization Information System and the form which the person administering the immunization must provide to the parent or guardian of the child receiving the immunization. The form provided to the parent or guardian must inform the parent or guardian about the Immunization Information System and must allow the parent or guardian to decline inclusion of the information concerning his or her child in the System.

5. The information in the Immunization Information System may only be disclosed to any person who administers immunizations to a child to determine the immunization status of the child and to the persons or governmental entities authorized pursuant to the regulations adopted by the State Board of Health.

6. The State Board of Health shall adopt regulations to carry out the provisions of this section.

(Added to NRS by [2007, 1515](#))

DENTAL AND ORAL HEALTH

NRS 439.271 Definitions. As used in [NRS 439.271](#) to [439.2794](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.2711](#), [439.2712](#) and [439.2713](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2009, 26](#))

NRS 439.2711 “Advisory Committee” defined. “Advisory Committee” means the Advisory Committee on the State Program for Oral Health created by [NRS 439.2792](#).

(Added to NRS by [2009, 26](#))

NRS 439.2712 “Program” defined. “Program” means the State Program for Oral Health established by [NRS 439.2791](#).

(Added to NRS by [2009, 26](#))

NRS 439.2713 “Provider of oral health care” defined. “Provider of oral health care” means a dentist, dental hygienist or expanded function dental assistant licensed pursuant to the provisions of [chapter 631](#) of NRS.

(Added to NRS by [2009, 26](#); A [2023, 3435](#))

NRS 439.272 State Dental Health Officer: Appointment by Director of Authority in unclassified service or as contractor; qualifications; duties.

1. The Director of the Authority shall appoint a State Dental Health Officer, who may serve in the unclassified service of the State or as a contractor for the Authority. The State Dental Health Officer must:

- (a) Be a resident of this State;
- (b) Have satisfied the educational requirements for and may, but is not required to, satisfy any other requirements for the issuance of an unrestricted license to practice dentistry pursuant to [chapter 631](#) of NRS; and
- (c) Be appointed on the basis of his or her education, training and experience and his or her interest in public dental health and related programs.

2. The State Dental Health Officer shall:

- (a) Determine the needs of the residents of this State for public dental health;
- (b) Provide the Advisory Committee, the Department and the Authority with advice regarding public dental health;
- (c) Make recommendations to the Advisory Committee, the Department, the Authority and the Legislature regarding programs in this State for public dental health;
- (d) Work collaboratively with the State Public Health Dental Hygienist; and
- (e) Seek such information and advice from the Advisory Committee or from any dental education program in this State, including any such programs of the Nevada System of Higher Education, as necessary to carry out his or her duties.

(Added to NRS by [2001, 2690](#); A [2005, 1569](#); [2005, 22nd Special Session, 54](#); [2009, 28](#); [2015, 2476](#); [2021, 3605](#); [2023, 199](#); [2025, 3673](#))—(Substituted in revision for NRS 422.239)

NRS 439.279 State Public Health Dental Hygienist: Appointment; classification; qualifications; duties; solicitation and acceptance of gifts and grants.

1. The Director of the Authority shall appoint a State Public Health Dental Hygienist, who may serve in the unclassified service of the State or as a contractor for the Authority. The State Public Health Dental Hygienist:

- (a) Must be a resident of this State;

(b) May, but is not required to, hold a current license to practice dental hygiene issued pursuant to [chapter 631](#) of NRS with a special endorsement issued pursuant to [NRS 631.287](#); and

(c) Must be appointed on the basis of his or her education, training and experience and his or her interest in public health dental hygiene and related programs.

2. The State Public Health Dental Hygienist:

(a) Shall work collaboratively with the State Dental Health Officer in carrying out his or her duties; and

(b) May:

(1) Provide advice and make recommendations to the Advisory Committee, the Department and the Authority regarding programs in this State for public health dental hygiene; and

(2) If he or she holds a license to practice dental hygiene issued pursuant to [chapter 631](#) of NRS with a special endorsement issued pursuant to [NRS 631.287](#), perform any acts authorized pursuant to [NRS 631.287](#).

3. The Authority may solicit and accept gifts and grants to pay the costs associated with the position of State Public Health Dental Hygienist.

(Added to NRS by [2001, 2690](#); A [2005, 1569](#); [2005, 22nd Special Session, 55](#); [2009, 29](#); [2015, 2477](#); [2023, 200](#); [2025, 3674](#))

NRS 439.2791 State Program for Oral Health: Establishment; purpose. There is hereby established within the Authority the State Program for Oral Health to increase public knowledge and raise public awareness of the importance of oral health and to educate the residents of this State on matters relating to oral health, including, without limitation:

1. Proper oral hygiene;
2. The factors that increase the risk of a person developing oral diseases; and
3. The prevention and treatment of oral diseases.

(Added to NRS by [2009, 26](#); A [2023, 200](#); [2025, 3674](#))

NRS 439.2792 Advisory Committee on the State Program for Oral Health: Creation; duties; appointment and terms of members; quorum; Chair; meetings.

1. There is hereby created within the Authority the Advisory Committee on the State Program for Oral Health to advise and make recommendations to the Authority concerning the Program.

2. The Director of the Authority shall appoint to the Advisory Committee 13 members, including, without limitation, one or more persons who are representatives of:

- (a) Public health care professionals and educators;
- (b) Providers of oral health care;
- (c) Persons knowledgeable in promoting and educating the public on oral health issues;

and

(d) National dental and other oral health organizations and their local or state chapters.

3. After the initial terms, the members of the Advisory Committee serve terms of 2 years commencing on July 1. A member may be reappointed.

4. Members of the Advisory Committee serve without compensation, except that each member is entitled, while engaged in the business of the Advisory Committee, to the per diem allowance and travel expenses provided for state officers and employees generally.

5. Any member of the Advisory Committee who is a public employee must be granted administrative leave from his or her duties to engage in the business of the Advisory Committee without loss of his or her regular compensation. Such leave does not reduce the amount of the member's other accrued leave.

6. A majority of the members of the Advisory Committee 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 Advisory Committee.

7. The Advisory Committee shall:

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

(b) Meet at the call of the Director of the Authority, the Chair or a majority of its members as necessary and within the budget of the Advisory Committee; and

(c) On or before July 1 of each year, submit a written report to the Director of the Authority summarizing the activities of the Advisory Committee and any recommendations of the Advisory Committee.

(Added to NRS by [2009, 27](#); A [2023, 200](#); [2025, 3675](#))

NRS 439.2793 Duties of Authority. To carry out the provisions of [NRS 439.271](#) to [439.2794](#), inclusive, the Authority shall, with advice and recommendations of the Advisory Committee:

1. Establish a solid scientific database of the most current information on the importance of oral health, using information obtained through surveillance, epidemiology and research related to oral health;

2. Provide educational materials and information on research concerning matters relating to oral health to health care professionals, providers of oral health care and the public, including, without limitation, materials and information concerning programs and services available to the public and strategies for the prevention of oral diseases;

3. Coordinate the establishment of regional coalitions to support the efforts of the Program;

4. Increase public awareness about the prevention, detection and treatment of oral diseases among state and local governmental officials who are responsible for matters relating to oral health, health care professionals, providers of oral health care and policymakers;

5. Coordinate state and local programs and services to ensure that the public has adequate access to dental services;

6. Work with other governmental agencies, national health organizations and their local and state chapters, community and business leaders, community organizations and providers of oral health care to:

(a) Coordinate the work of the Program with the work of those agencies, organizations and persons; and

(b) Maximize the resources of state and local governments in the efforts to educate the public about the importance of oral health, including, without limitation, the prevention and detection of oral diseases and proper oral hygiene;

7. Develop and carry out public awareness and media campaigns in each county, targeting groups of persons who are considered at risk for developing oral diseases;

8. Evaluate the need to improve the quality and accessibility of dental services that exist in communities in this State; and

9. Develop and coordinate, in cooperation with the Department of Education, recommendations for dental programs to encourage proper oral hygiene by children.

(Added to NRS by [2009, 27](#); A [2023, 201](#); [2025, 3675](#))

NRS 439.2794 Powers of Authority to enter into contracts to apply for and accept gifts, donations, bequests and grants and to apply for federal waivers; disposition of money; administration of account.

1. The Authority may:

(a) Enter into contracts for any services necessary to carry out or assist the Authority in carrying out the provisions of [NRS 439.271](#) to [439.2794](#), inclusive, with public or private entities that have the appropriate expertise to provide such services;

(b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of [NRS 439.271](#) to [439.2794](#), inclusive;

(c) Apply for any waiver from the Federal Government that may be necessary to maximize the amount of money this State may obtain from the Federal Government to carry out the provisions of [NRS 439.271](#) to [439.2794](#), inclusive; and

(d) Adopt regulations as necessary to carry out and administer the Program.

2. Any money that is accepted by the Authority pursuant to subsection 1 must be deposited in the State Treasury and accounted for separately in the State General Fund.

3. The Director of the Authority shall administer the account created pursuant to subsection 2. Money in the account does not lapse to the State General Fund at the end of the fiscal year. The interest and income earned on the money in the account must be credited to the account. Any claims against the account must be paid as other claims against the State are paid.

(Added to NRS by [2009, 28](#); A [2013, 3038](#); [2023, 202](#); [2025, 3676](#))

LOCAL ADMINISTRATION

County Board of Health and County Health Officer

NRS 439.280 County board of health: Composition; officers; service without additional compensation.

1. Each county shall establish a county board of health to consist of the board of county commissioners, the sheriff and the county health officer.

2. The county health officer shall act as chair of the county board of health, and the county clerk shall be the clerk of the board.

3. All of the officers shall serve without additional compensation.

[27:199:1911; added [1919, 221](#); A [1947, 471](#); 1943 NCL § 5261]

NRS 439.290 County health officer: Appointment; qualifications; term.

1. On or before January 1 next following each general election, the board of county commissioners shall appoint a county health officer for the county.

2. The county health officer must be appointed on the basis of his or her graduate education in public health, training, experience and interest in public health and related programs.

3. The term of office of the county health officer is 2 years or until a successor has been appointed and qualified.

[Part 6:199:1911; A [1913, 126](#); [1919, 221](#); 1919 RL § 2957; NCL § 5240]—(NRS A [1981, 603](#))

NRS 439.300 County health officer: Compensation. For performing the duties prescribed by law, the county health officer shall receive such compensation as is fixed by the board of county commissioners, which compensation shall not be less than \$25 per month. The board of county commissioners is directed to allow a claim for \$25 per month or for such greater sum as the board may deem proper for the work performed.

[Part 6:199:1911; A [1913, 126](#); [1919, 221](#); 1919 RL § 2957; NCL § 5240]

NRS 439.310 County health officer: Vacancy; appointment by Chief Medical Officer. In the case of refusal or neglect of any board of county commissioners to appoint a county health officer for 30 days after January 1 next following any general election, or if a

vacancy shall exist in the office of county health officer for a period exceeding 30 days, the Chief Medical Officer may make such appointment for the county for that term and fix the compensation; and a county health officer so appointed shall have the same duties, power and authority as though appointed by the board of county commissioners.

[Part 6:199:1911; A [1913, 126](#); [1919, 221](#); 1919 RL § 2957; NCL § 5240]—(NRS A [1963, 941](#))

NRS 439.320 County health officer: Executive officer of county board of health; may be county physician. The county health officer is the executive officer of the county board of health and, if licensed to practice medicine in this State, may be county physician.

[Part 6:199:1911; A [1913, 126](#); [1919, 221](#); 1919 RL § 2957; NCL § 5240]—(NRS A [1981, 603](#))

NRS 439.330 Deputy county health officer: Appointment; compensation; duties.

1. With the approval of the board of county commissioners, the county health officer is empowered to appoint such deputies as may be necessary.

2. Deputies shall receive such compensation as is fixed by the board of county commissioners.

3. Not later than the 5th day of each month, deputy health officers shall file monthly reports with the county health officer. The reports shall be compiled by the county health officer and forwarded to the Division not later than the 10th day of each month.

[Part 6:199:1911; A [1913, 126](#); [1919, 221](#); 1919 RL § 2957; NCL § 5240]—(NRS A [1963, 941](#))

NRS 439.340 County board of health: Supervision by Division; reports. The county board of health shall be subject to the supervision of the Division, and shall make such reports to the Division as the State Board of Health may require.

[Part 28:199:1911; added [1919, 221](#); 1919 RL p. 2891; NCL § 5262]—(NRS A [1963, 941](#); [2013, 3039](#))

NRS 439.350 County board of health: Duties. The county board of health shall:

1. Oversee all sanitary conditions of the county in which the board is created.

2. Adopt such regulations as may be necessary for the prevention, suppression and control of any contagious or infectious disease dangerous to the public health, which regulations take effect immediately upon approval by the State Board of Health.

3. File a copy of all of its adopted regulations with the county clerk.

[Part 28:199:1911; added [1919, 221](#); 1919 RL p. 2891; NCL § 5262]—(NRS A [1983, 1130](#))

NRS 439.360 County board of health: Powers; requirements for order for isolation, quarantine or treatment.

1. The county board of health may:

(a) Abate nuisances in accordance with law.

(b) Establish and maintain an isolation hospital or quarantine station when necessary for the isolation or quarantine of a person or a group of persons.

(c) Isolate any person or group of persons with a communicable disease that is in an infectious state and poses a risk to the public health.

(d) Quarantine any person or group of persons who has been exposed to any communicable disease that is in an infectious state and poses a risk to the public health.

(e) Treat any person or group of persons with a communicable disease that is in an infectious state and poses a risk to the public health or who has been exposed to such a communicable disease.

(f) Monitor and treat any person or group of persons with a communicable disease that poses a risk to the public health if there is a risk that the communicable disease will develop into:

(1) A progressed state that endangers the health of the person or persons; or

(2) An infectious state.

(g) Appoint quarantine officers when necessary to enforce a quarantine.

(h) Subject to the prior review and approval of the board of county commissioners and except as otherwise provided in [NRS 576.128](#), adopt a schedule of reasonable fees to be collected for issuing or renewing any health permit or license required to be obtained from the board pursuant to a law of this state or an ordinance adopted by any political subdivision of this state. Such fees must be for the sole purpose of defraying the costs and expenses of the procedures for issuing licenses and permits, and investigations related thereto, and not for the purposes of general revenue.

2. Any order to isolate, quarantine or treat a person or group of persons issued pursuant to subsection 1 must state the reasons that each of the actions prescribed by the order are the least restrictive means available to prevent, suppress or control the communicable disease. If a county board of health issues an order to isolate, quarantine or treat a person pursuant to subsection 1, the county board of health must:

(a) Isolate, quarantine or treat the person in the manner set forth in [NRS 441A.505](#) to [441A.720](#), inclusive.

(b) Provide whatever medicines, disinfectants and provisions may be required and arrange for the payment of all debts or charges so incurred from any funds available, but each patient shall, if the patient is able, pay for his or her food, medicine, clothes and medical attendance.

3. As used in this section, “communicable disease” has the meaning ascribed to it in [NRS 441A.040](#).

[Part 28:199:1911; added [1919, 221](#); 1919 RL p. 2891; NCL § 5262]—(NRS A [1973, 1137](#); [1997, 1616, 3173](#); [1999, 649](#); [2003, 2195](#); [2021, 3181](#))

District Board of Health and District Health Officer in Counties Whose Population is 700,000 or More

NRS 439.361 Applicability. The provisions of [NRS 439.361](#) to [439.3685](#), inclusive, apply to a county whose population is 700,000 or more.

(Added to NRS by [2005, 2464](#); A [2011, 1255](#); [2015, 2961](#); [2021, 3234](#); [2023, 1264](#))

NRS 439.362 Creation and composition of Health District; appointment and terms of members of district board of health and public health advisory board; duty of district board of health to maintain records; prohibition on local boards of health.

1. A health district with a health department consisting of a district health officer, a chief medical officer, a public health advisory board and a district board of health is hereby created.

2. The district board of health consists of:

(a) Representatives selected by the following entities from among their elected members:

(1) Two representatives of the board of county commissioners;

(2) Two representatives of the governing body of the largest incorporated city in the county; and

(3) One representative of the governing body of each other city in the county; and

(b) The following representatives, selected by the elected representatives of the district board of health selected pursuant to paragraph (a), who shall represent the health district at large and who must be selected based on their qualifications without regard to the location within the health district of their residence or their place of employment:

(1) One representative who is a physician licensed to practice medicine in this State;

(2) One representative of a nongaming business or from an industry that is subject to regulation by the health district; and

(3) One representative of the association of gaming establishments whose membership in the county collectively paid the most gross revenue fees to the State pursuant to [NRS 463.370](#) in the preceding year, who must be selected from a list of nominees submitted by the association. If no such association exists, the representative selected pursuant to this subparagraph must represent the gaming industry.

3. The public health advisory board consists of:

(a) One resident of each city in the county selected by the governing body of each such city; and

(b) The following representatives, selected by the district board of health, who shall advise the health district on matters relating to public health and who must be selected based on their qualifications without regard to the location within the health district of their residence or their place of employment:

(1) One representative who is a physician licensed to practice medicine in this State, selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;

(2) One representative who is a nurse licensed to practice nursing in this State; and

(3) One representative who has a background or expertise in environmental health or environmental health services.

4. Members of the public health advisory board serve as nonvoting members of the district board of health. A member of the district board of health may not designate another person to vote, participate in a discussion or otherwise serve on his or her behalf.

5. Members of the district board of health and the public health advisory board serve terms of 2 years. Vacancies must be filled in the same manner as the original selection for the remainder of the unexpired term. Members serve without additional compensation for their services, but are entitled to reimbursement for necessary expenses for attending meetings or otherwise engaging in the business of their respective board.

6. The district board of health shall meet in July of each year to organize and elect one of its voting members selected pursuant to subsection 2 as chair of the board.

7. The county treasurer is the treasurer of the district board of health. The treasurer shall:

(a) Keep permanent accounts of all money received by, disbursed for and on behalf of the district board of health; and

(b) Administer the health district fund created by the board of county commissioners pursuant to [NRS 439.363](#).

8. The district board of health shall maintain records of all of its proceedings and minutes of all meetings, which must be open to inspection.

9. No county, city or town board of health may be created in the county. Any county, city or town board of health in existence when the district board of health is created must be abolished.

(Added to NRS by [2005, 2464](#); A [2011, 2505](#); [2015, 2962](#))

NRS 439.363 Health district fund: Creation.

1. The board of county commissioners shall create a health district fund in the county treasury.

2. The money in the fund may only be used to provide funding for the health district.

(Added to NRS by [2005, 2465](#))

NRS 439.364 District board of health: Meetings; quorum; duties.

1. The district board of health may meet at such times and in such locations as the board determines by resolution.

2. Special meetings may be held upon notice to each member of the district board of health as often as and in such places within the county as the needs of the board require.

3. A majority of the members of the district board of health constitutes a quorum.

4. The district board of health shall adopt written policies and procedures for administering the board and maintaining its programs, projects and activities.

(Added to NRS by [2005, 2465](#))

NRS 439.365 District board of health: Budget; adoption by board of county commissioners; annual allocation.

1. The district board of health shall prepare an annual operating budget for the health district. The district board of health shall submit the budget to the board of county commissioners before April 1 for funding for the following fiscal year. The budget must be adopted by the board of county commissioners as part of the annual county budget.

2. The board of county commissioners shall annually allocate for the support of the health district an amount that does not exceed an amount calculated by multiplying the assessed valuation of all taxable property in the county by the rate of 3.5 cents on each \$100 of assessed valuation. The amount allocated pursuant to this subsection must be transferred from the county general fund to the health district fund created by the board of county commissioners pursuant to [NRS 439.363](#).

(Added to NRS by [2005, 2465](#))

NRS 439.366 Powers and jurisdiction of district board of health and district health department; regulations of district board of health.

1. The district board of health has the powers, duties and authority of a county board of health in the health district.

2. The district health department has jurisdiction over all public health matters in the health district.

3. In addition to any other powers, duties and authority conferred on a district board of health by this section, the district board of health may by affirmative vote of a majority of all the members of the board adopt regulations consistent with law, which must take effect immediately on their approval by the State Board of Health, to:

(a) Prevent and control nuisances;

(b) Regulate sanitation and sanitary practices in the interests of the public health;

(c) Consistent with any regulations adopted by the State Department of Agriculture pursuant to [NRS 580.200](#), provide for the sanitary protection of water and food supplies;

(d) Protect and promote the public health generally in the geographical area subject to the jurisdiction of the health district; and

(e) Improve the quality of health care services for members of minority groups and medically underserved populations.

4. Before the adoption, amendment or repeal of a regulation, the district board of health must give at least 30 days' notice of its intended action. The notice must:

(a) Include a statement of either the terms or substance of the proposal or a description of the subjects and issues involved, and of the time when, the place where and the manner in which interested persons may present their views thereon;

(b) State each address at which the text of the proposal may be inspected and copied; and

(c) Be mailed to all persons who have requested in writing that they be placed on a mailing list, which must be kept by the board for such purpose.

5. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments, orally or in writing, on the intended action to adopt, amend or repeal the regulation. With respect to substantive regulations, the district board of health shall set a time

and place for an oral public hearing, but if no one appears who will be directly affected by the proposal and requests an oral hearing, the district board of health may proceed immediately to act upon any written submissions. The district board of health shall consider fully all written and oral submissions respecting the proposal.

6. The district board of health shall file a copy of all of its adopted regulations with the county clerk.

(Added to NRS by [2005, 2466](#); A [2020, 32nd Special Session, 97](#); [2023, 45](#); [2025, 3541](#))

NRS 439.367 District board of health: Powers.

1. The district board of health may:

- (a) Receive and disburse federal money;
- (b) Submit project applications and programs of projects to federal agencies; and
- (c) Enter into formal agreements with federal agencies concerning projects and programs.

2. The district board of health may accept and disburse contributions from private sources, the State, the county, and the cities and towns within the jurisdiction of the board to match federal money for any project or program. All such contributions must be deposited with the county treasurer to the credit of the health district fund created by the board of county commissioners pursuant to [NRS 439.363](#).

(Added to NRS by [2005, 2466](#))

NRS 439.3672 District board of health: Power to create voluntary financial assistance program to pay cost to connect to community sewerage disposal system; voluntary annual fee; eligibility.

1. The district board of health may create a voluntary financial assistance program to pay 100 percent of the cost for an eligible property owner with an existing septic system whose property is served by a municipal water system to abandon the septic system and connect to the community sewerage disposal system.

2. Upon an affirmative vote of two-thirds of all the members of the district board of health, the district board of health may impose a voluntary annual fee on property owners with existing septic systems whose property is served by a municipal water system to carry out the provisions of this section.

3. If the district board of health imposes a voluntary annual fee pursuant to subsection 2:

(a) The fee must not exceed the annual sewer rate charged by the largest community sewerage disposal system in the county or counties, as applicable, in which the district board of health has been established; and

(b) The district board of health shall not provide financial assistance to any property owner who does not pay the voluntary annual fee in accordance with the provisions of paragraph (b) of subsection 4.

4. A property owner is eligible to receive financial assistance from the program if the property owner:

(a) Has an existing septic system whose property is served by a municipal water system; and

(b) Pays the voluntary annual fee:

(1) Every year that the fee is imposed by the district board of health pursuant to subsection 3; or

(2) If a property owner has not paid the fee in every year that the fee was imposed, pays the balance for all previously imposed fees and the fee for the current year, if imposed by the district board of health.

5. As used in this section:

(a) “Community sewerage disposal system” means a public system of sewage disposal which is operated for the benefit of a county, city, district or other political subdivision of this State.

(b) “Septic system” means a well that is used to place sanitary waste below the surface of the ground that is typically composed of a septic tank and a subsurface fluid distribution or disposal system. The term includes a residential individual system for disposal of sewage.

(Added to NRS by [2023, 1264](#); A [2025, 1406](#))

NRS 439.3675 Duties of district health department to ensure access for persons with limited English proficiency to certain services related to COVID-19; collaboration with community-based organizations; gifts, grants, donations and other funding.

1. To the extent that money is available for these purposes, a district health department shall:

(a) Take reasonable steps to ensure that persons with limited English proficiency who are eligible to receive services from the district health department that are intended to help restrain the spread of COVID-19 have meaningful and timely access to those services. Such steps must include, without limitation:

(1) Maintaining a record of the preferred language of each person who receives any service from the district health department that is intended to help restrain the spread of COVID-19, including, without limitation, guidance, testing, contact tracing and immunization;

(2) Identifying the languages preferred by such recipients;

(3) Taking reasonable steps to provide meaningful and timely access to oral language services to recipients of services described in subparagraph (1); and

(4) Providing notice of the availability of such services, to the extent practicable, in the languages identified and at a literacy level and in a format that is likely to be understood by such recipients.

(b) Take reasonable steps to ensure that persons with limited English proficiency have meaningful and timely access in their preferred language to:

(1) Vital information and documents relating to COVID-19. Such information and documents include, without limitation, those necessary to access or participate in the services, programs and activities of the district health department related to COVID-19, including, without limitation, applications, instructions for completing applications, contracts, stipulations, outreach materials, written notices or letters that affect the legal rights or benefits of a person and any communications of the district health department relating to COVID-19.

(2) Any governmental order issued to restrain the spread of COVID-19 and any information relating to a state of emergency or declaration of disaster for COVID-19 proclaimed pursuant to [NRS 414.070](#).

(c) Collaborate with community-based organizations that serve persons with limited English proficiency to prioritize the provision of services, information and documents in languages other than English as described in paragraphs (a) and (b).

2. When determining whether steps to provide meaningful and timely access to a service described in subsection 1 are reasonable, a district health department shall consider:

(a) The number of persons with limited English proficiency who are eligible for the service and have a particular preferred language and the proportion of such persons to the total number of persons eligible for the service;

(b) The frequency with which persons with limited English proficiency who are eligible for the service have contact with the district health department for purposes relating to the service;

(c) The nature and importance of the service; and

(d) Available resources.

3. A district health department may:
 - (a) Accept gifts, grants and donations for the purpose of carrying out the provisions of this section; and
 - (b) Research and apply for any available federal or private funding that may be used to carry out the provisions of this section.
 4. As used in this section:
 - (a) "Contact tracing" has the meaning ascribed to it in paragraph (a) of subsection 6 of [NRS 439.235](#).
 - (b) "COVID-19" has the meaning ascribed to it in paragraph (b) of subsection 6 of [NRS 439.235](#).
 - (c) "Oral language services" has the meaning ascribed to it in paragraph (d) of subsection 6 of [NRS 439.235](#).
 - (d) "Person with limited English proficiency" has the meaning ascribed to it in paragraph (e) of subsection 6 of [NRS 439.235](#).
- (Added to NRS by [2021, 3232](#))

NRS 439.368 Appointment, duties and compensation of district health officer; duties of district board of health concerning district health officer; clinical program requiring medical assessment must be supervised by physician.

1. The district board of health shall appoint a district health officer for the health district who shall have full authority as a county health officer in the health district.
 2. The district health officer shall direct the work of the health district, administer the health district and perform any other duties specified by the district board of health.
 3. The district board of health shall:
 - (a) Approve a job description, qualifications and compensation for a district health officer; and
 - (b) Oversee the recruitment and selection process for a district health officer.
 4. The district health officer is entitled to receive the compensation approved by the district board of health and serves at the pleasure of the board.
 5. Any clinical program of a district board of health which requires medical assessment must be carried out under the direction of a physician.
- (Added to NRS by [2005, 2465](#); A [2013, 3178](#); [2015, 2963](#))

NRS 439.3685 Duties of district health officer concerning chief medical officer; compensation of chief medical officer.

1. The district health officer shall, with the approval of the district board of health:
 - (a) Approve a job description, qualifications and compensation for a chief medical officer; and
 - (b) Oversee the recruitment and selection process for and appoint a chief medical officer, who serves under the direction of the district health officer.
 2. The chief medical officer is entitled to receive the compensation approved by the district health officer and serves at the pleasure of the district board of health.
- (Added to NRS by [2015, 2961](#))

District Board of Health and District Health Officer in Counties Whose Population is Less Than 700,000

NRS 439.369 Applicability. The provisions of [NRS 439.369](#) to [439.410](#), inclusive, apply to a county whose population is less than 700,000.

(Added to NRS by [2005, 2464](#); A [2011, 1255](#); [2021, 3234](#))

NRS 439.370 Health district: Creation. By affirmative vote of:

1. The boards of county commissioners of two or more counties;
 2. The governing bodies of two or more cities or towns within any county; or
 3. The board of county commissioners and the governing body or bodies of any incorporated city or cities, town or towns, in such county,
- and with the approval of the State Board of Health, there may be created a health district with a health department consisting of a district health officer and a district board of health.

[Part 35:199:1911; added [1939, 297](#); 1931 NCL § 5268.01]—(NRS A [1959, 104](#); [2023, 1511](#))

NRS 439.380 County or city board of health abolished upon creation of district board of health. When any county and one or more incorporated cities within the county establish a district board of health, the county board of health and the board of health of the city or cities must be abolished, and the district board of health must be given the same powers, duties and authority that county board of health had before the establishment of the district board of health.

[Part 35:199:1911; added [1939, 297](#); 1931 NCL § 5268.01]—(NRS A [1959, 104](#); [1987, 1723](#))

NRS 439.383 County boards of health within district abolished upon creation of district board of health. When two or more counties establish a district board of health, all county boards of health in such district shall thereupon be abolished.

(Added to NRS by [1959, 103](#); A [2023, 1511](#))

NRS 439.385 City and town boards of health abolished upon creation of district board of health. When two or more cities or towns establish a district board of health, all city and town boards of health in such district shall thereupon be abolished.

(Added to NRS by [1959, 103](#))

NRS 439.390 District board of health: Composition; qualifications of members.

1. A district board of health must consist of two members from each county, city or town which participated in establishing the district, to be appointed by the governing body of the county, city or town in which they reside, together with one additional member to be chosen by the members so appointed.

2. The additional member must be a physician licensed to practice medicine in this State.

3. If the appointive members of the district board of health fail to choose the additional member within 30 days after the organization of the district health department, the additional member may be appointed by the Chief Medical Officer.

[Part 35:199:1911; added [1939, 297](#); 1931 NCL § 5268.01]—(NRS A [1959, 104](#); [1963, 941](#); [1991, 1379](#))

NRS 439.400 Appointment, qualifications, powers and compensation of district health officer; clinical program requiring medical assessment must be supervised by physician.

1. The district board of health shall appoint a district health officer for the district.

2. The district health officer must be appointed on the basis of his or her graduate education in public health, training, experience and interest in public health and related programs.

3. The district health officer has full authority as a county health officer in the health district.

4. Any clinical program of a district board of health which requires medical assessment must be carried out under the direction of a physician.

5. The district health officer is entitled to receive a salary fixed by the district board of health and serves at the pleasure of that board.

[Part 35:199:1911; added [1939, 297](#); 1931 NCL § 5268.01]—(NRS A [1959, 104](#); [1981, 603](#))

NRS 439.405 Duties of district health department to ensure access for persons with limited English proficiency to certain services related to COVID-19; collaboration with community-based organizations; gifts, grants, donations and other funding.

1. To the extent that money is available for such purposes, a district health department shall:

(a) Take reasonable steps to ensure that persons with limited English proficiency who are eligible to receive services from the district health department that are intended to help restrain the spread of COVID-19 have meaningful and timely access to those services. Such steps must include, without limitation:

(1) Maintaining a record of the preferred language of each person who receives any service from the district health department that is intended to help restrain the spread of COVID-19, including, without limitation, guidance, testing, contact tracing and immunization;

(2) Identifying the languages preferred by such recipients;

(3) Taking reasonable steps to provide meaningful and timely access to oral language services to recipients of services described in subparagraph (1); and

(4) Providing notice of the availability of such services, to the extent practicable, in the languages identified and at a literacy level and in a format that is likely to be understood by such recipients.

(b) Take reasonable steps to ensure that persons with limited English proficiency have meaningful and timely access in their preferred language to:

(1) Vital information and documents relating to COVID-19. Such information and documents include, without limitation, those necessary to access or participate in the services, programs and activities of the district health department related to COVID-19, including, without limitation, applications, instructions for completing applications, contracts, stipulations, outreach materials, written notices or letters that affect the legal rights or benefits of a person and any communications of the district health department relating to COVID-19.

(2) Any governmental order issued to restrain the spread of COVID-19 and any information relating to a state of emergency or declaration of disaster for COVID-19 proclaimed pursuant to [NRS 414.070](#).

(c) Collaborate with community-based organizations that serve persons with limited English proficiency to prioritize the provision of services, information and documents in languages other than English as described in paragraphs (a) and (b).

2. When determining whether steps to provide meaningful and timely access to a service described in subsection 1 are reasonable, a district health department shall consider:

(a) The number of persons with limited English proficiency who are eligible for the service and have a particular preferred language and the proportion of such persons to the total number of persons eligible for the service;

(b) The frequency with which persons with limited English proficiency who are eligible for the service have contact with the district health department for purposes relating to the service;

(c) The nature and importance of the service; and

(d) Available resources.

3. A district health department may:

(a) Accept gifts, grants and donations for the purpose of carrying out the provisions of this section; and

(b) Research and apply for any available federal or private funding that may be used to carry out the provisions of this section.

4. As used in this section:

(a) “Contact tracing” has the meaning ascribed to it in paragraph (a) of subsection 6 of [NRS 439.235](#).

(b) “COVID-19” has the meaning ascribed to it in paragraph (b) of subsection 6 of [NRS 439.235](#).

(c) “Oral language services” has the meaning ascribed to it in paragraph (d) of subsection 6 of [NRS 439.235](#).

(d) “Person with limited English proficiency” has the meaning ascribed to it in paragraph (e) of subsection 6 of [NRS 439.235](#).

(Added to NRS by [2021, 3233](#))

NRS 439.410 Powers and jurisdiction of district board of health and district health department; regulations of district board of health.

1. The district board of health has the powers, duties and authority of a county board of health in the health district.

2. The district health department has jurisdiction over all public health matters in the health district, except in matters concerning emergency medical services pursuant to the provisions of [chapter 450B](#) of NRS.

3. In addition to any other powers, duties and authority conferred on a district board of health by this section:

(a) The district board of health may by affirmative vote of a majority of all the members of the board adopt regulations consistent with law, which must take effect immediately on their approval by the State Board of Health, to:

(1) Prevent and control nuisances;

(2) Regulate sanitation and sanitary practices in the interests of the public health;

(3) Consistent with any regulations adopted by the State Department of Agriculture pursuant to [NRS 580.200](#), provide for the sanitary protection of water and food supplies; and

(4) Protect and promote the public health generally in the geographical area subject to the jurisdiction of the health district.

(b) The district board of health in a health district that includes a county whose population is 100,000 or more but less than 700,000 may, by affirmative vote of a majority of all the members of the board, elect to regulate emergency medical services within the district pursuant to [chapter 450B](#) of NRS.

4. Before the adoption, amendment or repeal of a regulation, the district board of health must give at least 30 days’ notice of its intended action. The notice must:

(a) Include a statement of either the terms or substance of the proposal or a description of the subjects and issues involved, and of the time when, the place where and the manner in which interested persons may present their views thereon.

(b) State each address at which the text of the proposal may be inspected and copied.

(c) Be mailed to all persons who have requested in writing that they be placed on a mailing list, which must be kept by the district board for such purpose.

5. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments, orally or in writing, on the intended action to adopt, amend or repeal the regulation. With respect to substantive regulations, the district board shall set a time and place for an oral public hearing, but if no one appears who will be directly affected by the proposal and requests an oral hearing, the district board may proceed immediately to act upon any written submissions. The district board shall consider fully all written and oral submissions respecting the proposal.

6. Each district board of health shall file a copy of all of its adopted regulations with the county clerk of each county in which it has jurisdiction.

[Part 35:199:1911; added [1939, 297](#); 1931 NCL § 5268.01]—(NRS A [1959, 104](#); [1973, 314](#); [1979, 161](#); [1983, 330](#); [1995, 2546](#); [2005, 2467](#); [2020, 32nd Special Session, 98](#); [2023, 46](#); [2025, 2412, 3542](#))

City Board of Health and City Health Officer

NRS 439.420 City board of health: Creation by ordinance.

1. Every city of population categories one and two shall provide by ordinance for the establishment of a board of health.

2. A city of population category three may provide by ordinance for the establishment of a board of health.

[Part 29:199:1911; added [1919, 221](#); 1919 RL p. 2892; NCL § 5263]—(NRS A [2001, 635](#))

NRS 439.430 City board of health: Members; appointments; qualifications and compensation of city health officer.

1. The city board of health shall be composed of three members appointed by the mayor, at least one of whom may be learned in sanitary science and public health practice and experienced in the diagnosis of infectious diseases, in which case that member shall be the city health officer and the executive officer of the city board of health.

2. If no member, or if more than one member, is experienced in the diagnosis of infectious diseases and learned in sanitary science, the city board of health shall appoint the city health officer.

3. The compensation of the city health officer shall be prescribed by the city council and the compensation, together with his or her necessary expenses, shall be paid by the municipality in which the city health officer serves.

[Part 29:199:1911; added [1919, 221](#); 1919 RL p. 2892; NCL § 5263]

NRS 439.440 Inclusion of city in county or district health department. The governing authorities of any incorporated city may abolish the offices of the city board of health and the office of the city health officer for such city and thereby signify the city's consent to be included in a county or district health department. The powers and duties of the city board of health and the city health officer shall devolve upon the county or district health department.

[Part 36:199:1911; added [1939, 297](#); 1931 NCL § 5268.02]

NRS 439.450 Withdrawal of city from county or district health department; re-establishment of city health department. The governing authorities of any incorporated city which has consented to be included in a county or district health department may, after a period of 3 years following such inclusion, provide by resolution for withdrawal therefrom and for the re-establishment of a city health department for the city.

[Part 36:199:1911; added [1939, 297](#); 1931 NCL § 5268.02]

NRS 439.460 City board of health: Duties. The city board of health shall:

1. Oversee all sanitary conditions of the city in which the board is created.

2. Adopt such regulations as may be necessary for the prevention, suppression and control of any contagious or infectious disease dangerous to the public health, which regulations take effect immediately upon approval by the State Board of Health.

3. File a copy of all of its adopted regulations with the city clerk.

[Part 30:199:1911; added [1919, 221](#); 1919 RL p. 2892; NCL § 5264]—(NRS A [1983, 1130](#))

NRS 439.470 City board of health: Powers; requirements for order for isolation, quarantine or treatment.

1. The city board of health may:

(a) Abate nuisances in accordance with law.

(b) Establish a temporary isolation hospital or quarantine station when an emergency demands the isolation or quarantine of a person or a group of persons.

(c) Isolate any person or a group of persons with a communicable disease that is in an infectious state and poses a risk to the public health.

(d) Quarantine any person or group of persons who has been exposed to any communicable disease that is in an infectious state and poses a risk to the public health.

(e) Treat any person or group of persons with a communicable disease that is in an infectious state and poses a risk to the public health or who has been exposed to such a communicable disease.

(f) Monitor and treat any person or group of persons with a communicable disease that poses a risk to the public health if there is a risk that the communicable disease will develop into:

(1) A progressed state that endangers the health of the person or persons; or

(2) An infectious state.

(g) Appoint quarantine officers when necessary to enforce a quarantine.

(h) Subject to the prior review and approval of the governing body of the city and except as otherwise provided in [NRS 576.128](#), adopt a schedule of reasonable fees to be collected for issuing or renewing any health permit or license required to be obtained from such board pursuant to state law or an ordinance adopted by any political subdivision. Such fees must be for the sole purpose of defraying the costs and expenses of the procedures for issuing licenses and permits, and investigations related thereto, and not for the purposes of general revenue.

2. Any order issued to isolate, quarantine, or treat a person or group of persons issued pursuant to subsection 1 must state the reasons that each of the actions prescribed by the order are the least restrictive means available to prevent, suppress or control the communicable disease. If a city board of health issues an order to isolate, quarantine or treat a person pursuant to subsection 1, the city board of health must:

(a) Isolate, quarantine or treat the person in the manner set forth in [NRS 441A.505](#) to [441A.720](#), inclusive.

(b) Provide whatever medicines, disinfectants and provisions may be required. The city council shall pay all debts or charges so incurred from any funds available, but each patient shall, if the patient is able, pay for his or her food, medicine, clothes and medical attendance.

3. As used in this section, "communicable disease" has the meaning ascribed to it in [NRS 441A.040](#).

[Part 30:199:1911; added [1919, 221](#); 1919 RL p. 2892; NCL § 5264]—(NRS A [1973, 1137](#); [1997, 3173](#); [2003, 2195](#); [2021, 3182](#))

Extermination and Abatement of Mosquitoes, Flies, Other Insects and Rats

NRS 439.471 Applicability. The provisions of [NRS 439.471](#) to [439.479](#), inclusive, apply to any health district created pursuant to [NRS 439.362](#) or [439.370](#).

(Added to NRS by [2009, 1499](#))

NRS 439.473 Authority of district health officer to issue order for extermination or abatement of nuisance; authorized actions. A district health officer or his or her designee who issues an order for the extermination or abatement of mosquitoes, flies, other insects, rats or any breeding place thereof may authorize and take any action necessary to abate the nuisance or prevent its recurrence, including, without limitation:

1. Abate any stagnant pool of water or other breeding place for mosquitoes, flies, other insects or rats;
2. Treat with oil, other larvicidal material, other chemicals or other material any breeding place of mosquitoes, flies, other insects or rats;
3. Build, construct, repair and maintain necessary dikes, levees, cuts, canals or ditches upon any land, and acquire by purchase, condemnation or other lawful means, in the name of the health district, any land, right-of-way, easement, property or material necessary for the extermination or abatement of mosquitoes, flies, other insects, rats or any breeding place thereof;
4. Enter into contracts to indemnify or compensate any owner of real or other property for any injury or damage caused by the use or taking of property for dikes, levees, cuts, canals or ditches;
5. Enter upon without hindrance any land, within or without the health district, to determine whether breeding places of mosquitoes, flies, other insects or rats exist upon that land; and
6. Determine whether any person subject to an order issued pursuant to [NRS 439.475](#) has complied with the order.

(Added to NRS by [2009, 1499](#))

NRS 439.475 Notice of order for abatement of nuisance; duty of health district if owner fails to comply with order.

1. A district health officer may issue an order requiring an owner of real property to abate and prevent the recurrence of any mosquitoes, flies, other insects, rats or any breeding place thereof by providing notice of the order to the owner by mail addressed to the last known address of the owner. The order must:
 - (a) Provide that the owner shall abate the nuisance and prevent its recurrence; and
 - (b) Specify the period within which the abatement must be completed.
2. If the owner of the real property does not comply with the order within the time specified, the health district shall abate the nuisance and take all necessary steps to prevent its recurrence.

(Added to NRS by [2009, 1499](#))

NRS 439.477 Lien on real property for costs of abating nuisance; action to foreclose lien.

1. All money expended by a health district in abating a nuisance and preventing its recurrence on real property pursuant to [NRS 439.475](#) constitutes a lien upon the property and may be recovered by an action against the property.
2. Notice of the lien must be filed and recorded by the health district in the office of the county recorder of the county in which the property is situated not later than 6 months after the date on which the health district completes the abatement.
3. Any action to foreclose the lien must be commenced not later than 6 months after the filing and recording of the notice of the lien.
4. An action commenced pursuant to subsection 3 must be brought by the health district in the name of the health district.
5. When the property is sold, enough of the proceeds to satisfy the lien and the costs of foreclosure must be paid to the health district and the surplus, if any, must be paid to the owner of the property if known, and if not known, must be paid into the court in which the lien was foreclosed for the use of the owner if ascertained.

(Added to NRS by [2009, 1499](#))

NRS 439.479 Regulations; enforcement; notice to district board of health of failure to maintain rental dwelling unit in habitable condition.

1. In addition to any other powers, duties and authority conferred on a district board of health, the district board of health may by affirmative vote of a majority of all the members of the board adopt regulations consistent with law, which must take effect immediately on their approval by the State Board of Health, to:

- (a) Regulate any health hazard on residential property;
- (b) Regulate any health hazard in a rental dwelling unit; and
- (c) Regulate any health hazard on commercial property.

2. The district board of health may adopt regulations to ensure the enforcement of laws that protect the public health and safety associated with the condition of rental dwelling units and to recover all costs incurred by the district board of health relating thereto. Any regulation adopted pursuant to this subsection must be provided by the landlord of a rental dwelling unit to a tenant upon request to ensure that the landlord and the tenant understand their respective rights and responsibilities clearly.

3. In carrying out its duties relating to the protection of the public health and safety associated with the condition of rental dwelling units, the district board of health may:

- (a) Take any enforcement action it determines necessary; and
- (b) Establish an administrative hearing process, including, without limitation, the hiring of qualified hearing officers.

4. If a tenant of a rental dwelling unit provides written notice to the landlord pursuant to [NRS 118A.355](#) specifying a failure by the landlord to maintain the dwelling unit in a habitable condition and requesting that the landlord remedy the failure and the landlord fails to remedy the failure or to make a reasonable effort to do so within the time prescribed in [NRS 118A.355](#), the tenant may, in addition to any remedy provided in [NRS 118A.355](#), provide to the district board of health a copy of the written notice that the tenant provided to the landlord. If, upon inspection of the dwelling unit, the district board of health determines that either the landlord or the tenant has failed to maintain the dwelling unit in a habitable condition, the district board of health may refer the matter to the administrative hearing process if established pursuant to subsection 3 or take any action with respect to the dwelling unit which is authorized by this section or the regulations adopted pursuant thereto.

5. Before the adoption, amendment or repeal of a regulation, the district board of health must give at least 30 days' notice of its intended action. The notice must:

- (a) Include a statement of either the terms or substance of the proposal or a description of the subjects and issues involved and of the time when, the place where and the manner in which interested persons may present their views thereon;
- (b) State each address at which the text of the proposal may be inspected and copied; and
- (c) Be mailed to all persons who have requested in writing that they be placed on a mailing list, which must be kept by the board for such purpose.

6. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments, orally or in writing, on the intended action to adopt, amend or repeal the regulation. With respect to substantive regulations, the district board of health shall set a time and place for an oral public hearing, but if no one appears who will be directly affected by the proposal and requests an oral hearing, the district board of health may proceed immediately to act upon any written submissions. The district board of health shall consider fully all written and oral submissions respecting the proposal.

7. The district board of health shall file a copy of all of its adopted regulations with the county clerk.

8. As used in this section:

(a) “Commercial property” means any real property which is not used as a dwelling unit and is not occupied as, or designed or intended for occupancy as, a residence or sleeping place.

(b) “Dwelling unit” has the meaning ascribed to it in [NRS 118A.080](#).

(c) “Health hazard” means any biological, physical or chemical exposure, condition or public nuisance that may adversely affect the health of a person.

(Added to NRS by [2009, 1500](#))

Removal and Remediation of Controlled Substances and Precursors

NRS 439.4797 Powers of boards of health; regulations by State Environmental Commission.

1. The board of health or its agent shall, for the purposes of [NRS 40.140](#), [40.770](#), [202.450](#) and [489.776](#), evaluate the removal or remediation by any entity certified or licensed to do so of:

(a) Substances involving a controlled substance, immediate precursor or controlled substance analog; and

(b) Any material, compound, mixture or preparation that contains any quantity of methamphetamine.

2. The State Environmental Commission shall adopt regulations:

(a) To carry out the provisions of subsection 1;

(b) Establishing standards pursuant to which a building or place which was used for the purpose of unlawfully manufacturing a controlled substance, immediate precursor or controlled substance analog may be deemed safe for habitation for the purposes of [NRS 40.140](#) and [202.450](#); and

(c) Establishing standards pursuant to which any property that is or has been the site of a crime that involves the manufacturing of any material, compound, mixture or preparation that contains any quantity of methamphetamine may be deemed safe for habitation for the purposes of [NRS 40.770](#) and [489.776](#).

3. As used in this section:

(a) “Board of health” means:

(1) In a county whose population is 700,000 or more, the district board of health; or

(2) In a county whose population is less than 700,000, the State Board of Health.

(b) “Controlled substance analog” has the meaning ascribed to it in [NRS 453.043](#).

(c) “Immediate precursor” has the meaning ascribed to it in [NRS 453.086](#).

(Added to NRS by [2009, 824](#); A [2011, 1255](#))

Local Health Regulations

NRS 439.480 Local health officer: Supervision; jurisdiction. The county health officer has supervision over all matters pertaining to the preservation of the lives and health of the people of the county, except incorporated cities of population categories one and two having a health officer appointed pursuant to the provisions of this chapter, which are under the jurisdiction of the city health officer, subject to the supervision and control of the Division.

[Part 31:199:1911; added [1919, 221](#); 1919 RL p. 2892; NCL § 5265]—(NRS A [1963, 942](#); [2001, 635](#))

NRS 439.490 Abatement or removal of nuisance. Every health officer or a designee of the health officer may order the abatement or removal of any nuisance detrimental to the public health in accordance with the laws relating to such matters.

[Part 31:199:1911; added [1919, 221](#); 1919 RL p. 2892; NCL § 5265]—(NRS A [2009, 1501](#))

Assessment for Services Provided to County

NRS 439.4905 Payment of assessment; exemption; regulations.

1. Unless an exemption is approved pursuant to subsection 3, each county shall pay an assessment to the Division, in an amount determined by the Division, for the costs of services provided in that county by the Division or by the Chief Medical Officer, including, without limitation, services provided pursuant to this chapter and [chapters 441A](#) and [583](#) of NRS and the regulations adopted pursuant to those chapters, regardless of whether the county has a local health authority.

2. Each county shall pay the assessment to the Division in quarterly installments that are due on the first day of the first month of each calendar quarter.

3. A county may submit a proposal to the Governor for the county to carry out the services that would otherwise be provided by the Division or the Chief Medical Officer pursuant to this chapter and [chapters 441A](#) and [583](#) of NRS and the regulations adopted pursuant to those chapters. If the Governor approves the proposal, the Governor shall submit a recommendation to the Interim Finance Committee to exempt the county from the assessment required pursuant to subsection 1. The Interim Finance Committee, upon receiving the recommendation from the Governor, shall consider the proposal and determine whether to approve the exemption. In considering whether to approve the exemption, the Interim Finance Committee shall consider, among other things, the best interests of the State, the effect of the exemption and the intent of the Legislature in requiring the assessment to be paid by each county.

4. An exemption that is approved by the Interim Finance Committee pursuant to subsection 3 must not become effective until at least 6 months after that approval.

5. A county that receives approval pursuant to subsection 3 to carry out the services that would otherwise be provided by the Division or the Chief Medical Officer pursuant to this chapter and [chapters 441A](#) and [583](#) of NRS and the regulations adopted pursuant to those chapters shall carry out those services in the manner set forth in those chapters and regulations.

6. The Division may adopt such regulations as necessary to carry out the provisions of this section.

(Added to NRS by [2011, 2505](#); A [2013, 3039](#); [2025, 3543, 3676](#))

REPORTING AND ANALYZING INFORMATION ON SICKLE CELL DISEASE AND ITS VARIANTS

NRS 439.4921 Definitions. As used in [NRS 439.4921](#) to [439.4943](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.4923](#), [439.4925](#) and [439.4927](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2019, 2158](#))

NRS 439.4923 “Health care facility” defined. “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).

(Added to NRS by [2019, 2158](#))

NRS 439.4925 “Provider of health care” defined. “Provider of health care” has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2019, 2158](#))

NRS 439.4927 “Sickle cell disease and its variants” defined. “Sickle cell disease and its variants” means an inherited disease caused by a mutation in a gene for hemoglobin in which red blood cells have an abnormal crescent shape that causes them to block small blood

cells and die sooner than normal red blood cells and may include sickle cell disease, one or more variants or a combination thereof, as applicable.

(Added to NRS by [2019, 2158](#))

NRS 439.4929 Establishment and maintenance of system for reporting information; objectives; persons required to report information.

1. The Chief Medical Officer shall, pursuant to the regulations adopted by the State Board of Health pursuant to [NRS 439.4931](#), establish and maintain a system for the reporting of information on sickle cell disease and its variants.

2. The system established pursuant to subsection 1 must include a record of the cases of sickle cell disease and its variants which occur in this State along with such information concerning the cases as may be appropriate to form the basis for:

(a) Conducting comprehensive epidemiologic surveys of sickle cell disease and its variants in this State; and

(b) Evaluating the appropriateness of measures for the treatment of sickle cell disease and its variants.

3. Hospitals, medical laboratories and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to sickle cell disease and its variants shall report the information prescribed by the State Board of Health pursuant to [NRS 439.4931](#) to the system established pursuant to subsection 1.

4. Any provider of health care who diagnoses or provides treatment for sickle cell disease and its variants, except for cases directly referred to the provider or cases that have been previously admitted to a hospital, medical laboratory or other facility described in subsection 3, shall report the information prescribed by the State Board of Health pursuant to [NRS 439.4931](#) to the system established pursuant to subsection 1.

5. As used in this section, “medical laboratory” has the meaning ascribed to it in [NRS 652.060](#).

(Added to NRS by [2019, 2158](#))

NRS 439.4931 Regulations of State Board of Health. The State Board of Health shall by regulation:

1. Prescribe the form and manner in which information on cases of sickle cell disease and its variants must be reported;

2. Prescribe the information that must be included in each report, which must include, without limitation:

(a) The name, address, age and ethnicity of the patient;

(b) The variant of sickle cell disease with which the person has been diagnosed;

(c) The method of treatment, including, without limitation, any opioid prescribed for the patient and whether the patient has adequate access to that opioid;

(d) Any other diseases from which the patient suffers, including, without limitation, pneumonia, asthma and gall bladder disease;

(e) Information concerning the usage of and access to health care services by the patient; and

(f) If a patient diagnosed with sickle cell disease and its variants dies, his or her age at death; and

3. Establish a protocol for allowing appropriate access to and preserving the confidentiality of the records of patients needed for research into sickle cell disease and its variants.

(Added to NRS by [2019, 2159](#))

NRS 439.4933 Records of health care facility: Availability to Chief Medical Officer; abstracting of information; schedule of fees for abstracting; administrative penalty for violation of section.

1. The chief administrative officer of each health care facility in this State shall make available to the Chief Medical Officer or his or her representative the records of the health care facility for each case of sickle cell disease and its variants.

2. The Division shall abstract from the records of a health care facility or shall require a health care facility to abstract from the records of the health care facility such information as is required by the State Board of Health. The Division shall compile the information in a timely manner and not later than 6 months after the Division abstracts the information or receives the abstracted information from the health care facility.

3. The State Board of Health shall by regulation adopt a schedule of fees which must be assessed to a health care facility for each case from which information is abstracted by the Division pursuant to subsection 2.

4. Any person who violates this section is subject to an administrative penalty established by regulation by the State Board of Health.

(Added to NRS by [2019, 2159](#))

NRS 439.4935 Publication of reports; provision of data fee to cover cost of providing data.

1. The Division shall publish reports based upon the information obtained pursuant to [NRS 439.4929](#), [439.4931](#) and [439.4933](#) and shall make other appropriate uses of the information to report and assess trends in the usage of and access to health care services by patients with sickle cell disease and its variants in a particular area or population, advance research and education concerning sickle cell disease and its variants and improve treatment of sickle cell disease and its variants and associated disorders. The reports must include, without limitation:

(a) Information concerning the locations in which patients diagnosed with sickle cell disease and its variants reside, the demographics of such patients and the utilization of health care services by such patients;

(b) The information described in paragraph (a), specific to patients diagnosed with sickle cell disease and its variants who are over 60 years of age; and

(c) The transition of patients diagnosed with sickle cell disease and its variants from pediatric to adult care upon reaching 18 years of age.

2. The Division shall provide any qualified researcher whom the Division determines is conducting valid scientific research with data from the reported information upon the researcher's:

(a) Compliance with appropriate conditions as established under the regulations of the State Board of Health; and

(b) Payment of a fee established by the Division by regulation to cover the cost of providing the data.

(Added to NRS by [2019, 2159](#))

NRS 439.4937 Analysis of information, records and reports; investigation of trends.

1. The Chief Medical Officer or a qualified person designated by the Administrator of the Division shall analyze the information obtained pursuant to [NRS 439.4929](#), [439.4931](#) and [439.4933](#) and the reports published pursuant to [NRS 439.4935](#) to determine whether any trends exist in the usage of and access to health care services by patients with sickle cell disease and its variants in a particular area or population.

2. If the Chief Medical Officer or the person designated pursuant to subsection 1 determines that a trend exists in the usage of and access to health care services by patients with sickle cell disease and its variants in a particular area or population, the Chief Medical Officer or the person designated pursuant to subsection 1 shall work with appropriate governmental, educational and research entities to investigate the trend, advance research in the trend and facilitate the treatment of sickle cell disease and its variants and associated disorders.

(Added to NRS by [2019, 2160](#))

NRS 439.4939 Gifts, grants and donations. The Division shall apply for and accept any gifts, grants and donations available to:

1. Carry out the provisions of [NRS 439.4921](#) to [439.4943](#), inclusive;
2. Coordinate and administer any other state programs relating to research concerning sickle cell disease and its variants or assistance to patients diagnosed with sickle cell disease and its variants;
3. Pay for research concerning sickle cell disease and its variants;
4. Provide education concerning sickle cell disease and its variants; and
5. Provide support to persons diagnosed with sickle cell disease and its variants.

(Added to NRS by [2019, 2160](#))

NRS 439.4941 Consent required before disclosure of identity of patient, physician or health care facility. The Division shall not reveal the identity of any patient, physician or health care facility which is involved in the reporting required by [NRS 439.4933](#) unless the patient, physician or health care facility gives prior written consent to such a disclosure.

(Added to NRS by [2019, 2160](#))

NRS 439.4943 Limitation on civil and criminal liability. A person or governmental entity that provides information to the Division in accordance with [NRS 439.4929](#), [439.4931](#) and [439.4933](#) must not be held liable in a civil or criminal action for sharing confidential information unless the person or organization has done so in bad faith or with malicious purpose.

(Added to NRS by [2019, 2160](#))

CHRONIC OBSTRUCTIVE PULMONARY DISEASE PROGRAM

NRS 439.495 Establishment; purpose. Within the limits of available money, the Division shall establish the Chronic Obstructive Pulmonary Disease Program to establish strategies for reducing the impact of chronic obstructive pulmonary disease and to coordinate efforts to assist persons with chronic obstructive pulmonary disease in this State, including, without limitation:

1. Developing effective strategies for the prevention and early diagnosis of chronic obstructive pulmonary disease;
2. Making recommendations to health care professionals concerning the treatment and management of chronic obstructive pulmonary disease, including, without limitation, recommendations to increase access to nonpharmacologic therapies;
3. Increasing public knowledge and awareness of chronic obstructive pulmonary disease, including, without limitation, the education of persons with chronic obstructive pulmonary disease, their families, health care professionals, providers of health care and the public on matters relating to chronic obstructive pulmonary disease; and
4. Soliciting funding and other resources to ensure the continuation of the Chronic Obstructive Pulmonary Disease Program and other programs which address issues relating to chronic obstructive pulmonary disease.

(Added to NRS by [2009, 303](#))

NRS 439.496 Powers of Division to apply for and accept gifts, grants and bequests; disposition of money; administration of account.

1. The Division may apply for and accept gifts, grants and bequests to carry out the provisions of this section and [NRS 439.495](#).

2. Any money that is accepted by the Division pursuant to subsection 1 and any legislative appropriations made to carry out the Chronic Obstructive Pulmonary Disease Program established pursuant to [NRS 439.495](#) must be deposited in the State Treasury and accounted for separately in the State General Fund.

3. Except as otherwise provided by the terms of a gift, grant or bequest, expenditures from the account must be made only for carrying out the provisions of this section and [NRS 439.495](#).

4. The Administrator shall administer the account.

5. Money in the account does not revert to the State General Fund at the end of a fiscal year. The interest and income earned on the money in the account, after deducting any applicable charges, must be credited to the account. Any claims against the account must be paid as other claims against the State are paid.

(Added to NRS by [2009, 304](#))

REPORTING AND ANALYZING INFORMATION ON LUPUS AND ITS VARIANTS

NRS 439.497 Definitions. As used in [NRS 439.497](#) to [439.499](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.4972](#) and [439.4974](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2021, 3132](#))

NRS 439.4972 “Health care facility” defined. “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).

(Added to NRS by [2021, 3132](#))

NRS 439.4974 “Lupus and its variants” defined. “Lupus and its variants” means a chronic autoimmune disease that occurs when the immune system attacks tissues and organs which can cause inflammation and pain in any part of the body of the person with the disease.

(Added to NRS by [2021, 3132](#))

NRS 439.4976 Establishment and maintenance of system for reporting information; objectives; persons required to report information.

1. The Chief Medical Officer shall, pursuant to regulations adopted by the State Board of Health pursuant to [NRS 439.4978](#), establish and maintain a system for the reporting of information on lupus and its variants. The Chief Medical Officer shall coordinate with the National Lupus Patient Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services when establishing and maintaining the system.

2. The system established pursuant to subsection 1 must include a record of the cases of lupus and its variants which occur in this State along with such information concerning the cases as may be appropriate to form the basis for:

(a) Conducting comprehensive epidemiologic surveys of lupus and its variants in this State; and

(b) Evaluating the appropriateness of measures for the treatment of lupus and its variants.

3. Hospitals, medical laboratories and other facilities that provide screening, diagnostic or therapeutic services to patients with respect to lupus and its variants shall report the

information prescribed by the State Board of Health pursuant to [NRS 439.4978](#) to the system established pursuant to subsection 1.

4. Any provider of health care who diagnoses or provides treatment for lupus and its variants, except for cases directly referred to the provider or cases that have been previously admitted to a hospital, medical laboratory or other facility described in subsection 3, shall report the information prescribed by the State Board of Health pursuant to [NRS 439.4978](#) to the system established pursuant to subsection 1.

5. As used in this section:

(a) "Medical laboratory" has the meaning ascribed to it in [NRS 652.060](#).

(b) "Provider of health care" has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2021, 3132](#))

NRS 439.4978 Regulations of State Board of Health. The State Board of Health shall by regulation:

1. Prescribe the form and manner in which information on cases of lupus and its variants must be reported;

2. Prescribe the information that must be included in each report, which must include, without limitation:

(a) The name, address, age and ethnicity of the patient;

(b) The variant of lupus with which the person has been diagnosed;

(c) The method of treatment, including, without limitation, any opioid prescribed for the patient and whether the patient has adequate access to that opioid;

(d) Any other diseases from which the patient suffers;

(e) Information concerning the usage of and access to health care services by the patient; and

(f) If a patient diagnosed with lupus and its variants dies, his or her age at death; and

3. Establish a protocol for allowing appropriate access to and preserving the confidentiality of the records of patients needed for research into lupus and its variants.

(Added to NRS by [2021, 3132](#))

NRS 439.498 Records of health care facility: Availability to Chief Medical Officer; abstracting of information; administrative penalty for violation of section.

1. The chief administrative officer of each health care facility in this State shall make available to the Chief Medical Officer or his or her representative the records of the health care facility for each case of lupus and its variants.

2. The Division shall abstract from the records of a health care facility or shall require a health care facility to abstract from the records of the health care facility such information as is required by the State Board of Health pursuant to [NRS 439.4978](#). The Division shall compile the information in a timely manner and not later than 6 months after the Division abstracts the information or receives the abstracted information from the health care facility.

3. Any person who violates this section is subject to an administrative penalty established by regulation by the State Board of Health.

(Added to NRS by [2021, 3133](#))

NRS 439.4982 Publication of reports; provision of data; fee to cover cost of providing data.

1. The Division shall publish reports based upon the information obtained pursuant to [NRS 439.4976](#), [439.4978](#) and [439.498](#) and make other appropriate uses of the information to report and assess trends in the usage of and access to health care services by patients with lupus and its variants in a particular area or population, advance research and education

concerning lupus and its variants and improve the treatment of lupus and its variants and associated disorders. The reports must include, without limitation:

(a) Information concerning the locations in which patients diagnosed with lupus and its variants reside, the demographics of such patients and the utilization of health care services by such patients;

(b) The information described in paragraph (a), specific to patients diagnosed with lupus and its variants who are over 60 years of age; and

(c) The transition of patients diagnosed with lupus and its variants from pediatric to adult care upon reaching 18 years of age.

2. The Division shall provide any qualified researcher whom the Division determines is conducting valid scientific research with data from the information reported pursuant to [NRS 439.4976](#), [439.4978](#) and [439.498](#) upon the researcher's:

(a) Compliance with appropriate conditions as established pursuant to regulations of the State Board of Health; and

(b) Payment to the Division of a fee established by the Division by regulation to cover the cost of providing the data.

(Added to NRS by [2021,3133](#))

NRS 439.4984 Analysis of information, records and reports; investigation of trends.

1. The Chief Medical Officer or a qualified person designated by the Administrator of the Division shall analyze the information obtained pursuant to [NRS 439.4976](#), [439.4978](#) and [439.498](#) and the reports published pursuant to [NRS 439.4982](#) to determine whether any trends exist in the usage of and access to health care services by patients with lupus and its variants in a particular area or population.

2. If the Chief Medical Officer or the person designated pursuant to subsection 1 determines that a trend exists in the usage of and access to health care services by patients with lupus and its variants in a particular area or population, the Chief Medical Officer or the person designated pursuant to subsection 1 shall work with appropriate governmental, educational and research entities to investigate the trend, advance research in the trend and facilitate the treatment of lupus and its variants and associated disorders.

(Added to NRS by [2021,3133](#))

NRS 439.4986 Gifts, grants and donations. The Division shall apply for and accept any gifts, grants and donations available to:

1. Carry out the provisions of [NRS 439.497](#) to [439.499](#), inclusive, including, without limitation, the provisions of subsection 1 of [NRS 439.4976](#) requiring coordination with the National Lupus Patient Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services;

2. Coordinate and administer any other state programs relating to research concerning lupus and its variants or assistance to patients diagnosed with lupus and its variants;

3. Pay for research concerning lupus and its variants;

4. Provide education concerning lupus and its variants; and

5. Provide support to persons diagnosed with lupus and its variants.

(Added to NRS by [2021,3134](#))

NRS 439.4988 Consent required before disclosure of identity of patient, physician or health care facility. The Division shall not reveal the identity of any patient, physician or health care facility which is involved in the reporting required by [NRS 439.498](#), unless the patient, physician or health care facility gives prior written consent to such a disclosure.

(Added to NRS by [2021,3134](#))

NRS 439.499 Limitation on civil and criminal liability. A person or governmental entity that provides information to the Division in accordance with [NRS 439.4976](#), [439.4978](#) and [439.498](#) must not be held liable in a civil or criminal action for sharing confidential information unless the person or organization has done so in bad faith or with malicious purpose.

(Added to NRS by [2021, 3134](#))

ARTHRITIS PREVENTION AND CONTROL PROGRAM

NRS 439.501 Establishment.

1. Within the limitations of available funding, the Division shall establish the Arthritis Prevention and Control Program to increase public knowledge and raise public awareness relating to arthritis and to educate persons with arthritis, their families, health care professionals, providers of health care and the public on matters relating to arthritis, including, without limitation:

- (a) The causes and nature of arthritis;
- (b) The factors that increase the risk of a person developing arthritis and the importance of early diagnosis of arthritis;
- (c) The appropriate treatment of arthritis;
- (d) Effective strategies to prevent or delay the development of arthritis;
- (e) The prevention and management of pain caused by arthritis; and
- (f) Effective interventions to reduce disability and improve the quality of life of persons with arthritis.

2. The Arthritis Prevention and Control Program must be established in accordance with the objectives set forth in the National Arthritis Action Plan established by the Arthritis Foundation, the Centers for Disease Control and Prevention, and the Association of State and Territorial Health Officials.

(Added to NRS by [2003, 1343](#))

NRS 439.505 Duties of Division. To carry out the purposes of the Arthritis Prevention and Control Program established pursuant to [NRS 439.501](#), the Division shall, within the limitations of available funding:

1. Establish a solid scientific database of the most current information on the prevention of arthritis and related disabilities using information obtained through surveillance, epidemiology and research relating to the prevention of arthritis, and use the database in carrying out the Program;

2. Provide educational materials and information on research concerning matters relating to arthritis to persons with arthritis, their families, health care professionals, providers of health care and the public, including, without limitation, materials and information concerning programs and services available to the public and strategies for the prevention and control of arthritis;

3. Identify and use educational and training resources and services developed by organizations with appropriate expertise in and knowledge of arthritis, including, without limitation, any available technical assistance;

4. Increase awareness about the prevention, detection and treatment of arthritis among state and local governmental officials who are responsible for matters relating to public health, health care professionals, providers of health care and policymakers;

5. Coordinate state and local programs and services to reduce the public health burdens that result from arthritis;

6. Work to improve the quality of life of persons with arthritis and their families while containing the costs of health care services by providing lasting improvements in the delivery

of health care services to persons with arthritis;

7. Work with other governmental agencies, national health organizations and their local and state chapters, community and business leaders, community organizations and providers of health care and other persons who provide services to persons with arthritis to:

(a) Coordinate the work of the Program with the work of these agencies, organizations and persons; and

(b) Maximize the resources of state and local governments in the efforts toward educating the public about arthritis, including, without limitation, preventing, detecting, managing the pain caused by, and treating arthritis;

8. Provide sufficient staff from the Division and provide the appropriate training and education for the staff to administer the Program;

9. Evaluate the need to improve the quality and accessibility of arthritis services that exist in communities in this state; and

10. Conduct an assessment of the services provided for persons with arthritis in this state and the public awareness in this state of issues concerning arthritis, including, without limitation:

(a) Any epidemiological and other research concerning arthritis being conducted in this state;

(b) Any available technical assistance and educational materials and programs concerning arthritis that are available nationwide or within this state;

(c) The level of public awareness and awareness of health care professionals and providers of health care concerning the prevention, detection and treatment of arthritis;

(d) The needs of persons with arthritis and their families or caregivers;

(e) The educational and other needs of providers of health care who provide services to persons with arthritis;

(f) The services and education available to persons with arthritis, including, without limitation, services for the treatment and management of arthritis;

(g) Any programs or services that improve the quality of life, lower health care costs and expand the physical capabilities of those affected by arthritis; and

(h) The existence of services for the rehabilitation of persons with arthritis.

(Added to NRS by [2003, 1344](#))

NRS 439.507 Powers of Division to enter into contracts, to apply for and accept gifts, donations, bequests and grants and to apply for federal waivers; disposition of money; administration of account.

1. The Division may:

(a) Within the limitations of available funding, enter into contracts for any services necessary to carry out or assist the Division in carrying out [NRS 439.501](#) to [439.507](#), inclusive, with public or private entities that have the appropriate expertise to provide such services;

(b) Apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of [NRS 439.501](#) to [439.507](#), inclusive; and

(c) Apply for any waiver from the Federal Government that may be necessary to maximize the amount of money this state may obtain from the Federal Government to carry out the provisions of [NRS 439.501](#) to [439.507](#), inclusive.

2. Any money that is appropriated to carry out the provisions of [NRS 439.501](#) to [439.507](#), inclusive:

(a) Must be deposited in the State Treasury and accounted for separately in the State General Fund; and

(b) May only be used to carry out those provisions.

3. The Administrator shall administer the account. Any interest or income earned on the money in the account must be credited to the account. Any claims against the account must be paid as other claims against the State are paid.

(Added to NRS by [2003, 1346](#); A [2013, 3040](#))

RARE DISEASE ADVISORY COUNCIL

NRS 439.5075 Creation; membership; vacancies; compensation; Chair; meetings.

1. The Rare Disease Advisory Council is hereby created within the Department. The Council consists of:

(a) The Chair of the State of Nevada Advisory Council on Palliative Care and Quality of Life created by [NRS 232.4855](#) or his or her designee; and

(b) The following members appointed by the Director:

(1) Not more than three physicians who practice in the area of cardiology, emergency care, neurology, oncology, orthopedics, pediatrics or primary care and provide care to patients with rare diseases;

(2) Two registered nurses who provide care to patients with rare diseases;

(3) Not more than two administrators of hospitals that provide care to patients with rare diseases or their designees;

(4) One representative of the Division who provides education concerning rare diseases or the management of chronic conditions;

(5) The employee of the Division who is responsible for epidemiology services;

(6) Two persons over 18 years of age who have suffered from or currently suffer from a rare disease;

(7) Two parents or guardians who each have experience caring for a child with a rare disease;

(8) One representative of an organization dedicated to providing services to patients suffering from rare diseases in northern Nevada; and

(9) One representative of an organization dedicated to providing services to patients suffering from rare diseases in southern Nevada.

2. The Council may, by affirmative vote of a majority of its members, request the Director to appoint to the Council additional members who have expertise on issues studied by the Council. Such members serve for a period determined by the Council.

3. A vacancy in the membership of the Council must be filled in the same manner as the initial appointment.

4. The members of the Council serve without compensation and are not entitled to the per diem and travel expenses provided for state officers and employees generally.

5. Each member of the Council 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 so that the officer or employee may prepare for and attend meetings of the Council and perform any work necessary to carry out the duties of the Council 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 Council to make up the time the officer or employee is absent from work to carry out duties as a member of the Council or use annual leave or compensatory time for the absence.

6. The Department shall provide such administrative support to the Council as is necessary to carry out the duties of the Council.

7. The Council shall:

- (a) Elect a Chair from among its members; and
 - (b) Meet at least once every 3 months at the times and places specified by a call of the Chair and may meet at such further times as deemed necessary by the Chair.
- (Added to NRS by [2019, 1476](#))

NRS 439.5077 Duties.

1. The Rare Disease Advisory Council created by [NRS 439.5075](#) shall:
 - (a) Perform a statistical and qualitative examination of the incidence, causes and economic burden of rare diseases in this State;
 - (b) Receive and consider reports and testimony concerning rare diseases from persons, the Division, community-based organizations, providers of health care and other local and national organizations whose work relates to rare diseases;
 - (c) Increase awareness of the burden caused by rare diseases in this State;
 - (d) Identify evidence-based strategies to prevent and control rare diseases;
 - (e) Determine the effect of delayed or inappropriate treatment on the quality of life for patients suffering from rare diseases and the economy of this State;
 - (f) Study the effect of early treatment for rare diseases on the quality of life for patients suffering from rare diseases, the provision of services to such patients and reimbursement for such services;
 - (g) Increase awareness among providers of health care of the symptoms of and care for patients with rare diseases;
 - (h) Evaluate the systems for delivery of treatment for rare diseases in place in this State and develop recommendations to increase the survival rates and quality of life of patients with rare diseases;
 - (i) Determine effective methods of collecting data concerning cases of rare diseases in this State for the purpose of conducting epidemiological studies of rare diseases in this State;
 - (j) Establish a comprehensive plan for the management of rare diseases in this State, which must include, without limitation, recommendations for the Department, the Division, local health districts, public and private organizations, businesses and potential sources of funding, and update the comprehensive plan as necessary; and
 - (k) Develop a registry of rare diseases diagnosed in this State to determine the genetic and environmental factors that contribute to such rare diseases.
 2. The Council shall compile an annual report which must include, without limitation, a summary of the activities of the Council and any recommendations of the Council for legislation or other policies. The Council shall:
 - (a) Post the report on an Internet website maintained by the Department; and
 - (b) Submit the report to the Department, the Governor and the Director of the Legislative Counsel Bureau for transmittal to:
 - (1) In even-numbered years, the next regular session of the Legislature; and
 - (2) In odd-numbered years, the Joint Interim Standing Committee on Health and Human Services.
 3. As used in this section, “provider of health care” has the meaning ascribed to it in [NRS 629.031](#).
- (Added to NRS by [2019, 1477](#))

TASK FORCE ON ALZHEIMER’S DISEASE

NRS 439.508 Definitions. As used in [NRS 439.508](#) to [439.5085](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.5081](#) and [439.5082](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2013, 2254](#); A [2017, 17](#))

NRS 439.5081 “State plan” defined. “State plan” means the state plan to address Alzheimer’s disease developed pursuant to [NRS 439.5085](#).

(Added to NRS by [2013, 2254](#); A [2017, 17](#))

NRS 439.5082 “Task Force” defined. “Task Force” means the Task Force on Alzheimer’s Disease created by [NRS 439.5083](#).

(Added to NRS by [2013, 2254](#); A [2017, 17](#))

NRS 439.5083 Creation; appointment, qualifications and terms of members; members serve without compensation except per diem; alternates.

1. The Task Force on Alzheimer’s Disease is hereby created within the Department.
2. The Director shall appoint to the Task Force the following eight voting members:
 - (a) A representative from an association that provides services to persons with Alzheimer’s disease;
 - (b) A medical professional with expertise in cognitive disorders;
 - (c) A representative of caregivers for persons with cognitive disorders;
 - (d) A representative of the Nevada System of Higher Education with expertise in cognitive disorders;
 - (e) A representative of providers of service for persons with cognitive disorders;
 - (f) A representative from a rural area of this State;
 - (g) A representative from the Department; and
 - (h) A member at large.
3. The Legislative Commission shall appoint to the Task Force the following two voting members:
 - (a) One member of the Senate; and
 - (b) One member of the Assembly.
4. After the initial terms, the members of the Task Force serve terms of 2 years. A member may be reappointed to the Task Force and any vacancy must be filled in the same manner as the original appointment.
5. The members of the Task Force serve without compensation, except that each member is entitled, while engaged in the business of the Task Force and within the limits of available money, to the per diem allowance and travel expenses provided for state officers and employees generally.
6. Not later than 30 days after appointment, each member of the Task Force appointed pursuant to subsection 2 shall nominate two persons to serve as his or her alternate members and submit the names of the persons nominated to the Director for appointment. An alternate member shall serve as a voting member of the Task Force when the appointed member who nominated the alternate is disqualified or unable to serve.

(Added to NRS by [2013, 2254](#); A [2017, 17](#))

NRS 439.5084 Chair and Vice Chair; meetings; quorum; members appointed by Director serve at pleasure of Director.

1. The members of the Task Force shall elect a Chair and a Vice Chair by a majority vote. After the initial election, the Chair and Vice Chair serve for a term of 1 year beginning on July 1 of each year. If the position of Chair or Vice Chair becomes vacant, the members of the Task Force shall elect a Chair or Vice Chair, as appropriate, from among its members for the remainder of the unexpired term.

2. The members of the Task Force shall meet at least once each quarter at the call of the Chair. The Task Force shall prescribe regulations for its own management and government.

3. A majority of the members of the Task Force constitutes a quorum, and a quorum may exercise all the powers conferred on the Task Force.

4. Each member of the Task Force who is appointed pursuant to subsection 2 of [NRS 439.5083](#) serves at the pleasure of the Director.

(Added to NRS by [2013, 2255](#); A [2017, 17](#))

NRS 439.5085 Duties; submission of annual report to Governor and Legislature; support and assistance of Department; gifts, grants and donations.

1. The Task Force shall:

- (a) Develop a state plan to address Alzheimer's disease;
- (b) Monitor the progress in carrying out the state plan;
- (c) Review and revise the state plan as necessary;
- (d) Develop and prioritize the actions necessary to carry out the state plan;
- (e) Research and review any other issues that are relevant to Alzheimer's disease; and

(f) On or before February 1 of each year, prepare and submit a report to the Governor and to the Director of the Legislative Counsel Bureau for transmittal to the Legislature concerning its findings and recommendations.

2. For the purpose of carrying out the provisions of [NRS 439.508](#) to [439.5085](#), inclusive, the Department:

(a) Shall provide the personnel, facilities, equipment and supplies required by the Task Force;

(b) May accept any gifts, grants and donations; and

(c) May enter into contracts and award grants.

(Added to NRS by [2013, 2255](#); A [2017, 17](#))

COMMITTEE TO REVIEW SUICIDE FATALITIES

NRS 439.5102 "Committee" defined. As used in [NRS 439.5102](#) to [439.5108](#), inclusive, unless the context otherwise requires, "Committee" means the Committee to Review Suicide Fatalities created by [NRS 439.5104](#).

(Added to NRS by [2013, 364](#))

NRS 439.5104 Creation; appointment, qualification and terms of members; vacancies.

1. The Committee to Review Suicide Fatalities is hereby created within the Department. The Committee must consist of the following 10 members appointed by the Director:

(a) A county coroner or medical examiner or his or her designee;

(b) One person who represents providers of health care;

(c) One person who represents organizations having expertise in suicide prevention;

(d) One person who represents organizations having expertise in the prevention and treatment of substance use disorders;

(e) One person who represents mental health agencies;

(f) One person who represents law enforcement;

(g) One person who represents injury prevention;

(h) One person who represents Native American tribes;

(i) One person who represents advocates for individuals with mental illness and their families; and

(j) One person who represents veterans.

2. After the initial term, each member of the Committee shall serve for a term of 3 years and may be reappointed. Each member of the Committee serves at the pleasure of the Director. If a vacancy occurs, the Director shall appoint a new member to fill the vacancy for the remainder of the unexpired term in the same manner as the initial appointment.

(Added to NRS by [2013, 364](#))

NRS 439.5106 Powers and duties.

1. The Committee:

(a) Except as otherwise provided in this paragraph, shall adopt a written protocol setting forth the suicide fatalities in this State which must be reported to the Committee and screened for review by the Committee and the suicide fatalities in this State which the Committee may reject for review. The Committee shall not review any case in which litigation is pending.

(b) May review any accidental death which the Committee determines may assist in suicide prevention efforts in this State.

(c) May establish differing levels of review, including, without limitation, a comprehensive or limited review depending upon the nature of the incident or the purpose of the review.

2. The Committee shall obtain and use any data or other information to:

(a) Review suicide fatalities in this State to determine trends, risk factors and strategies for prevention;

(b) Determine and prepare reports concerning trends and patterns of suicide fatalities in this State;

(c) Identify and evaluate the prevalence of risk factors for preventable suicide fatalities in this State;

(d) Evaluate and prepare reports concerning high-risk factors, current practices, lapses in systematic responses and barriers to the safety and well-being of persons who are at risk of suicide in this State; and

(e) Recommend any improvement in sources of information relating to investigating reported suicide fatalities and preventing suicide in this State.

3. In conducting a review of a suicide fatality in this State, the Committee shall, to the greatest extent practicable, consult and cooperate with:

(a) The Coordinator of the Statewide Program for Suicide Prevention employed pursuant to [NRS 439.511](#);

(b) Each trainer for suicide prevention employed pursuant to [NRS 439.513](#);

(c) The Committee on Domestic Violence and Sexual Assault appointed pursuant to [NRS 228.470](#); and

(d) A multidisciplinary team:

(1) To review the death of the victim of a crime that constitutes domestic violence organized or sponsored pursuant to [NRS 217.475](#);

(2) To review the death of a child organized pursuant to [NRS 432B.405](#); and

(3) To oversee the review of the death of a child organized pursuant to [NRS 432B.4075](#).

4. Any review conducted by the Committee pursuant to [NRS 439.5102](#) to [439.5108](#), inclusive, is separate from, independent of and in addition to any investigation or review which is required or authorized by law to be conducted, including, without limitation, any investigation conducted by a coroner or coroner's deputy pursuant to [NRS 259.050](#).

5. To conduct a review pursuant to [NRS 439.5102](#) to [439.5108](#), inclusive, the Committee may access information, including, without limitation:

- (a) Any investigative information obtained by a law enforcement agency relating to a death;
 - (b) Any records from an autopsy or an investigation conducted by a coroner or coroner's deputy relating to a death;
 - (c) Any medical or mental health records of a decedent;
 - (d) Any records relating to social or rehabilitative services provided to a decedent; and
 - (e) Any records of a social services agency which has provided services to a decedent.
- (Added to NRS by [2013, 364](#); A [2017, 2467](#); [2025, 550](#))

NRS 439.5108 Powers; submission of annual report to Director; confidentiality of information and records.

1. The Committee may:
 - (a) Conduct investigations and hold hearings in connection with carrying out the provisions of [NRS 439.5102](#) to [439.5108](#), inclusive.
 - (b) If appropriate, meet and share information with any person or team specified in subsection 3 of [NRS 439.5106](#).
 - (c) Petition a district court for the issuance of, and the district court may issue, a subpoena to compel the production of any books, records or papers relevant to any suicide fatality in this State that is the subject of a review conducted by the Committee. Except as otherwise provided in [NRS 239.0115](#), any books, records or papers received by the Committee pursuant to the subpoena shall be deemed confidential and privileged and not subject to disclosure.
 - (d) Propose recommended legislation concerning suicide fatalities in this State.
 - (e) Issue a special report to notify the appropriate authorities or members of the public concerning the need to take any prompt corrective action concerning suicide fatalities in this State.
 - (f) Engage in any other activity required by the Director concerning suicide fatalities in this State.
2. The Committee shall annually submit to the Director a report concerning the activities of the Committee. The report must include, without limitation, a statement setting forth:
 - (a) Any trends or patterns in suicide fatalities in this State or serious injuries or risk factors concerning those fatalities; and
 - (b) In addition to any recommendation made pursuant to [NRS 439.5106](#), any recommendations for changes in any law, policy or practice that may assist the Committee in preventing suicide fatalities in this State or related serious occurrences.
3. A report submitted pursuant to subsection 2 must not include any confidential or privileged information.
4. Except as otherwise provided in this section and [NRS 239.0115](#), any information acquired by or any records of the Committee are confidential, must not be disclosed and are not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceeding.

(Added to NRS by [2013, 365](#))

STATEWIDE PROGRAM FOR SUICIDE PREVENTION

NRS 439.511 Creation; purposes; employment of Coordinator; qualifications of Coordinator; duties of Coordinator.

1. There is hereby created within the Department a Statewide Program for Suicide Prevention. The Department shall implement the Statewide Program for Suicide Prevention, which must, without limitation:
 - (a) Create public awareness for issues relating to suicide prevention;

(b) Build community networks; and

(c) Carry out training programs for suicide prevention for law enforcement personnel, providers of health care, school employees, family members of veterans, members of the military and other persons at risk of suicide and other persons who have contact with persons at risk of suicide.

2. The Director shall employ a Coordinator of the Statewide Program for Suicide Prevention. The Coordinator:

(a) Must have at least the following education and experience:

(1) A bachelor's degree in social work, psychology, sociology, counseling or a closely related field and 5 years or more of work experience in behavioral health or a closely related field; or

(2) A master's degree or a doctoral degree in social work, psychology, sociology, counseling, public health or a closely related field and 2 years or more of work experience in behavioral health or a closely related field.

(b) Should have as many of the following characteristics as possible:

(1) Significant professional experience in social services, mental health or a closely related field;

(2) Knowledge of group behavior and dynamics, methods of facilitation, community development, behavioral health treatment and prevention programs, and community-based behavioral health problems;

(3) Experience in working with diverse community groups and constituents; and

(4) Experience in writing grants and technical reports.

3. The Coordinator shall:

(a) Provide educational activities to the general public relating to suicide prevention;

(b) Provide training to persons who, as part of their usual routine, have face-to-face contact with persons who may be at risk of suicide, including, without limitation, training to recognize persons at risk of suicide and providing information on how to refer those persons for treatment or supporting services, as appropriate;

(c) To the extent that money is available for this purpose, provide training to family members of veterans, members of the military and other persons at risk of suicide, including, without limitation, training in recognizing and productively interacting with persons at risk of suicide and the manner in which to refer those persons to persons professionally trained in suicide intervention and prevention;

(d) Develop and carry out public awareness and media campaigns in each county targeting groups of persons who are at risk of suicide;

(e) Enhance crisis services relating to suicide prevention;

(f) Link persons trained in the assessment of and intervention in suicide with schools, public community centers, nursing homes and other facilities serving persons most at risk of suicide;

(g) Coordinate the establishment of local advisory groups in each county to support the efforts of the Statewide Program;

(h) Work with groups advocating suicide prevention, community coalitions, managers of existing crisis hotlines that are nationally accredited or certified, and staff members of mental health agencies in this State to identify and address the barriers that interfere with providing services to groups of persons who are at risk of suicide, including, without limitation, elderly persons, Native Americans, youths and residents of rural communities;

(i) Develop and maintain an Internet or network site with links to appropriate resource documents, suicide hotlines that are nationally accredited or certified, licensed professional personnel, state and local mental health agencies and appropriate national organizations;

(j) Post on the Internet or network site developed and maintained pursuant to paragraph (i) any applicable law relating to the negligent storage of a firearm, including, without limitation, the crimes and penalties described in subsection 5 of [NRS 202.300](#) and [NRS 202.3623](#);

(k) Review current research on data collection for factors related to suicide and develop recommendations for improved systems of surveillance and uniform collection of data;

(l) Develop and submit proposals for funding from agencies of the Federal Government and nongovernmental organizations;

(m) Oversee and provide technical assistance to each person employed to act as a trainer for suicide prevention pursuant to [NRS 439.513](#); and

(n) Develop and provide to licensed dealers, shooting ranges, safety instructors and health care providers an information pamphlet which includes information about any applicable law relating to the negligent storage of a firearm, including, without limitation, subsection 5 of [NRS 202.300](#) and [NRS 202.3623](#).

4. As used in this section:

(a) “Internet or network site” means any identifiable site on the Internet or on a network and includes, without limitation:

(1) A website or other similar site on the World Wide Web;

(2) A site that is identifiable through a Uniform Resource Locator; and

(3) A site on a network that is owned, operated, administered or controlled by a provider of Internet service.

(b) “Systems of surveillance” means systems pursuant to which the health conditions of the general public are regularly monitored through systematic collection, evaluation and reporting of measurable information to identify and understand trends relating to suicide.

(Added to NRS by [2003, 2652](#); A [2013, 366](#); [2019, 3107](#); [2023, 2846](#))

NRS 439.512 Development and implementation of safe firearm storage campaign; provision of information and assistance concerning community programs for storage of firearms outside home; gifts, grants and donations.

1. To the extent that money is available, and in consultation with the Department, the Statewide Program for Suicide Prevention shall develop and implement a safe firearm storage education campaign to inform and educate purchasers of firearms, licensed dealers, shooting ranges and safety instructors about the safe storage of firearms and state requirements related to the safe storage of firearms.

2. As part of the education campaign, the Statewide Program for Suicide Prevention may:

(a) Develop and provide materials to local law enforcement agencies and health care providers to assist with educating the public about the safe storage of firearms and state requirements related to the storage of firearms;

(b) Provide information to owners of firearms about programs that assist with the cost of purchasing locking devices for firearms, gun safes or other secure storage containers for firearms, including, without limitation, programs that provide free or reduced-price locking devices; and

(c) In furtherance of the goals of the education campaign, use any publishing, radio or other advertising medium or any other form of messaging deemed appropriate by the Department.

3. The Department shall provide information on the Internet or network site developed pursuant to paragraph (i) of subsection 3 of [NRS 439.511](#), information about community programs that allow owners of firearms to voluntarily and temporarily store a firearm at a secure location outside of the home, including, without limitation, a licensed dealer, gun range or law enforcement agency.

4. The Department may provide assistance to any local entity that facilitates a program described in subsection 3.

5. The Department may accept gifts, grants and donations from any source for the purpose of carrying out the provisions of this section.

(Added to NRS by [2023, 2846](#))

NRS 439.513 Employment of trainer for suicide prevention; qualifications; duties.

1. The Coordinator of the Statewide Program for Suicide Prevention shall employ at least one person to act as a trainer for suicide prevention and facilitator for networking for Southern Nevada.

2. Each trainer for suicide prevention:

(a) Must have at least the following education and experience:

(1) Three years or more of experience in providing education and training relating to suicide prevention to diverse community groups; or

(2) A bachelor's degree, master's degree or doctoral degree in social work, public health, psychology, sociology, counseling or a closely related field and 2 years or more of experience in providing education and training relating to suicide prevention.

(b) Should have as many of the following characteristics as possible:

(1) Significant knowledge and experience relating to suicide and suicide prevention;

(2) Knowledge of methods of facilitation, networking and community-based suicide prevention programs;

(3) Experience in working with diverse community groups and constituents; and

(4) Experience in providing suicide awareness information and suicide prevention training.

3. At least one trainer for suicide prevention must be based in a county whose population is 700,000 or more.

4. Each trainer for suicide prevention shall:

(a) Assist the Coordinator of the Statewide Program for Suicide Prevention in disseminating and carrying out the Statewide Program in the county in which the trainer for suicide prevention is based;

(b) Provide information and training relating to suicide prevention to emergency medical personnel, providers of health care, mental health agencies, social service agencies, churches, public health clinics, school districts, law enforcement agencies and other similar community organizations in the county in which the trainer for suicide prevention is based;

(c) Assist the Coordinator of the Statewide Program for Suicide Prevention in developing and carrying out public awareness and media campaigns targeting groups of persons who are at risk of suicide in the county in which the trainer for suicide prevention is based;

(d) Assist in developing a network of community-based programs for suicide prevention in the county in which the trainer for suicide prevention is based, including, without limitation, establishing one or more local advisory groups for suicide prevention; and

(e) Facilitate the sharing of information and the building of consensus among multiple constituent groups in the county in which the trainer for suicide prevention is based, including, without limitation, public agencies, community organizations, advocacy groups for suicide prevention, mental health providers and representatives of the various groups that are at risk for suicide.

5. Training provided to law enforcement agencies pursuant to paragraph (b) of subsection 4 must include, without limitation, training concerning prevention of suicide by pupils in schools and other educational settings.

(Added to NRS by [2003, 2653](#); A [2011, 1256](#); [2013, 368](#); [2019, 1771](#))

GRIEF SUPPORT TRUST ACCOUNT

NRS 439.5132 Creation; purpose; interest and income; nonreversion.

1. The Grief Support Trust Account is hereby created in the State General Fund. The money in the Account must be used to support nonprofit community organizations that provide grief support services to children who have experienced a loss of a relative or other person who had a significant emotional relationship with the child. Such grief support services may also be provided to parents and adult caregivers who have experienced the loss of a child.

2. The interest and income earned on the money in the Account must be credited to the Account.

3. Any money remaining in the Account at the end of each fiscal year does not revert to the State General Fund but must be carried over into the next fiscal year.

(Added to NRS by [2017, 3171](#))

NRS 439.5134 Administration; awards of money; reports.

1. The Director is responsible for administering the Grief Support Trust Account created by [NRS 439.5132](#).

2. The Director shall make awards of money, by contract or grant, from the Grief Support Trust Account to nonprofit community organizations which provide or will provide grief support services as described in subsection 1 of [NRS 439.5132](#) and which have been included in the list of organizations eligible to receive such awards by the Grants Management Advisory Committee pursuant to paragraph (d) of subsection 1 of [NRS 232.385](#). The Director shall make such awards of money to eligible nonprofit community organizations immediately as money becomes available in the Account. The duration of an award made pursuant to this subsection must not exceed 3 years.

3. The Director shall report to each regular session of the Legislature regarding the nonprofit community organizations that have been awarded money from the Grief Support Trust Account, the amount and sources of money credited to the Account, the interest and income on the money in the Account, any unexpended money in the Account and the general expenses of administering the Account.

4. Requests for awards of money from the Grief Support Trust Account must be reviewed at least annually by the Grants Management Advisory Committee created by [NRS 232.383](#).

(Added to NRS by [2017, 3171](#))

STATE PROGRAM FOR WELLNESS AND THE PREVENTION OF CHRONIC DISEASE

NRS 439.514 Definitions. As used in [NRS 439.514](#) to [439.525](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.515](#) and [439.516](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2005, 232](#))

NRS 439.515 “Advisory Council” defined. “Advisory Council” means the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease.

(Added to NRS by [2005, 232](#); A [2013, 441](#))

NRS 439.516 “Program” defined. “Program” means the State Program for Wellness and the Prevention of Chronic Disease.

(Added to NRS by [2005, 232](#); A [2013, 441](#))

NRS 439.517 Establishment; purpose.

1. Within the limits of available money, the Division shall establish the State Program for Wellness and the Prevention of Chronic Disease to increase public knowledge and raise public awareness relating to wellness and chronic diseases and to educate the residents of this State about:

(a) Wellness, including, without limitation, behavioral health, proper nutrition, maintaining oral health, increasing physical fitness, preventing obesity and tobacco use; and

(b) The prevention of chronic diseases, including, without limitation, arthritis, asthma, cancer, diabetes, cardiovascular disease, stroke, heart disease and oral disease.

2. As used in this section:

(a) "Chronic disease" means a health condition or disease which presents for a period of 3 months or more or is persistent, indefinite or incurable.

(b) "Obesity" means a chronic disease characterized by an abnormal and unhealthy accumulation of body fat which is statistically correlated with premature mortality, hypertension, heart disease, diabetes, cancer and other health conditions, and may be indicated by:

(1) A body mass index of 30 or higher in adults;

(2) A body mass index that is greater than two standard deviations above the World Health Organization's growth standard for children who are at least 5 but less than 19 years of age, or greater than three standard deviations above the standard for children who are less than 5 years of age;

(3) A body fat percentage greater than 25 percent for men or 32 percent for women;
or

(4) A waist size of 40 inches or more for men or 35 inches or more for women.

(Added to NRS by [2005, 232](#); A [2013, 441](#); [2015, 2337](#); [2017, 1336](#))

NRS 439.518 Advisory Council: Establishment; purpose; appointment of members.

1. Within the limits of available money, the Division shall establish the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to advise and make recommendations to the Division concerning the Program.

2. The Administrator shall appoint to the Advisory Council the following 13 voting members:

(a) The Chief Medical Officer or the designee of the Chief Medical Officer;

(b) The Superintendent of Public Instruction or the designee of the Superintendent;

(c) One representative of the health insurance industry;

(d) One provider of health care;

(e) One representative of the Nevada Association for Health, Physical Education, Recreation and Dance or its successor organization;

(f) Three representatives of organizations committed to the prevention and treatment of chronic diseases;

(g) One registered dietitian;

(h) One representative who is a member of a racial or ethnic minority group appointed from a list of persons submitted to the Administrator by the Advisory Committee of the Office of Minority Health and Equity of the Department;

(i) One representative of private employers in this State who has experience in matters relating to employment and human resources;

(j) One representative of a local health authority; and

(k) One representative of the Nevada System of Higher Education from a list of persons submitted to the Administrator by the Board of Regents of the University of Nevada.

3. The Legislative Commission shall appoint to the Advisory Council the following two voting members:

- (a) One member of the Senate; and
- (b) One member of the Assembly.

4. A majority of the voting members of the Advisory Council may appoint nonvoting members to the Advisory Council.

(Added to NRS by [2005, 233](#); A [2009, 2254](#); [2013, 441](#); [2017, 2409](#))

NRS 439.519 Advisory Council: Terms; Chair; appointment of committees and subcommittees; removal of nonlegislative members; administrative support; quorum; meetings; compensation.

1. The members of the Advisory Council serve terms of 2 years. A member may be reappointed to serve not more than two additional, consecutive terms.

2. A majority of the voting members of the Advisory Council shall select a Chair and a Vice Chair of the Advisory Council.

3. A majority of the voting members of the Advisory Council may:

(a) Appoint committees or subcommittees to study issues relating to wellness and the prevention of chronic disease.

(b) Remove a nonlegislative member of the Advisory Council for failing to carry out the business of, or serve the best interests of, the Advisory Council.

4. The Division shall, within the limits of available money, provide the necessary professional staff and a secretary for the Advisory Council.

5. A majority of the voting members of the Advisory Council constitutes a quorum to transact all business, and a majority of those voting members present, physically or via telecommunications, must concur in any decision.

6. The Advisory Council shall, within the limits of available money, meet at the call of the Administrator, the Chair or a majority of the voting members of the Advisory Council quarterly or as is necessary.

7. The members of the Advisory Council serve without compensation, except that each member is entitled, while engaged in the business of the Advisory Council and within the limits of available money, to the per diem allowance and travel expenses provided for state officers and employees generally.

(Added to NRS by [2005, 233](#); A [2009, 2255](#); [2013, 442](#); [2015, 1549](#); [2023, 294](#))

NRS 439.521 Duties of Division.

1. To carry out the provisions of [NRS 439.514](#) to [439.525](#), inclusive, the Division shall, within the limits of available money, and with the advice and recommendations of the Advisory Council:

(a) Periodically prepare burden reports concerning health problems and diseases, including, without limitation, a lack of physical fitness, poor nutrition, tobacco use and exposure to tobacco smoke, chronic diseases, including, without limitation, obesity and diabetes, and other diseases, as determined by the Division, using the most recent information obtained through surveillance, epidemiology and research. As used in this paragraph, “burden report” means a calculation of the impact of a particular health problem or chronic disease on this State, as measured by financial cost, mortality, morbidity or other indicators specified by the Division.

(b) Prepare an annual report on obesity pursuant to paragraph (a) which must:

(1) Include, without limitation:

(I) Current obesity rates in this State;

(II) Information regarding obesity with regard to specific demographics;

- (III) Actions taken by the Division regarding obesity; and
- (IV) The State's goals and achievements regarding obesity rates.

(2) On or before March 15 of each year, be submitted to the Director of the Legislative Counsel Bureau for transmittal to:

(I) The Joint Interim Standing Committee on Health and Human Services during even-numbered years; and

(II) The Legislature during odd-numbered years.

(c) Identify, review and encourage, in coordination with the Department of Education, the Nevada System of Higher Education and other appropriate state agencies, existing evidence-based programs related to nutrition, physical fitness and tobacco prevention and cessation, including, without limitation, programs of state and local governments, educational institutions, businesses and the general public.

(d) Develop, promote and coordinate recommendations for model and evidence-based programs that contribute to reductions in the incidence of chronic disease in this State. The programs should encourage:

(1) Proper nutrition, physical fitness and health among the residents of this State, including, without limitation, parents and children, senior citizens, high-risk populations and persons with special needs; and

(2) Work-site wellness policies that include, without limitation, tobacco-free and breast feeding-friendly environments, healthy food and beverage choices and physical activity opportunities in schools, businesses and public buildings.

(e) Assist on projects within this State as requested by, and in coordination with, the President's Council on Fitness, Sports and Nutrition.

(f) Identify and review methods for reducing health care costs associated with tobacco use and exposure to tobacco smoke, chronic diseases, including, without limitation, obesity and diabetes, and other diseases, as determined by the Division.

(g) Maintain a website to provide information and resources on nutrition, physical fitness, health, wellness and the prevention of chronic diseases, including, without limitation, obesity and diabetes. Such a website must also provide information relating to multiple sclerosis, including, without limitation, information relating to resources that are available to residents of this State who have multiple sclerosis.

(h) Solicit information from and, to the extent feasible, coordinate its efforts with:

- (1) Other governmental agencies;
- (2) National health organizations and their local and state chapters;
- (3) Community and business leaders;
- (4) Community organizations;
- (5) Providers of health care;
- (6) Private schools; and

(7) Other persons who provide services relating to tobacco use and exposure, physical fitness and wellness and the prevention of chronic diseases, including, without limitation, obesity and diabetes, and other diseases.

(i) Establish, maintain and enhance statewide chronic disease surveillance systems.

(j) Translate surveillance, evaluation and research information into press releases, briefs, community education and advocacy materials and other publications that highlight chronic diseases and the key risk factors of those diseases.

(k) Identify, assist and encourage the growth of, through funding, training, resources and other support, the community's capacity to assist persons who have a chronic disease.

(l) Encourage relevant community organizations to effectively recruit key population groups to receive clinical preventative services, including, without limitation:

(1) Screening and early detection of breast, cervical and colorectal cancer, diabetes, high blood pressure and obesity;

(2) Oral screenings; and

(3) Tobacco cessation counseling.

(m) Promote positive policy, system and environmental changes within communities and the health care system based on, without limitation, the Chronic Care Model developed by the MacColl Center for Health Care Innovation and the Patient-Centered Medical Home Recognition Program of the National Committee for Quality Assurance.

(n) Review and revise the Program as needed.

2. As used in this section:

(a) “Chronic disease” means a health condition or disease which presents for a period of 3 months or more or is persistent, indefinite or incurable.

(b) “Obesity” means a chronic disease characterized by an abnormal and unhealthy accumulation of body fat which is statistically correlated with premature mortality, hypertension, heart disease, diabetes, cancer and other health conditions, and may be indicated by:

(1) A body mass index of 30 or higher in adults;

(2) A body mass index that is greater than two standard deviations above the World Health Organization’s growth standard for children who are at least 5 but less than 19 years of age, or greater than three standard deviations above the standard for children who are less than 5 years of age;

(3) A body fat percentage greater than 25 percent for men or 32 percent for women;
or

(4) A waist size of 40 inches or more for men or 35 inches or more for women.

(Added to NRS by [2005, 233](#); A [2013, 442](#); [2017, 1336](#); [2023, 324](#))

NRS 439.522 Public hearings. The Division may, within the limits of available money, hold public hearings at such times and places as it determines necessary to provide the general public and representatives of governmental agencies and organizations interested in the Program or issues affecting wellness and the prevention of chronic disease an opportunity to present relevant information and recommendations.

(Added to NRS by [2005, 234](#); A [2013, 444](#))

NRS 439.523 Authority of Division to enter into contracts and award grants. The Division may, within the limits of available money, enter into contracts with or award grants to public or private entities that have the appropriate expertise to provide any services necessary to carry out or assist the Division in carrying out the provisions of [NRS 439.514](#) to [439.525](#), inclusive.

(Added to NRS by [2005, 234](#); A [2009, 2255](#))

NRS 439.525 Gifts, grants and contributions: Accounting; use; administration.

1. The Division may apply for and accept any available gift, donation, bequest, grant or other source of money to carry out the provisions of [NRS 439.514](#) to [439.525](#), inclusive.

2. Any money that is accepted by the Division pursuant to subsection 1 must be deposited in the State Treasury and accounted for separately in the State General Fund.

3. Except as otherwise provided by the terms of a gift, donation, bequest or grant, expenditures from the account must be made only for carrying out the provisions of [NRS 439.514](#) to [439.525](#), inclusive.

4. The Administrator shall administer the account created pursuant to subsection 2. Money in the account does not lapse to the State General Fund at the end of a fiscal year. The interest and income earned on the money in the account, after deducting any applicable

charges, must be credited to the account. Any claims against the account must be paid as other claims against the State are paid.

(Added to NRS by [2005, 234](#))

REPORTING AND ANALYZING INFORMATION ON NEURODEGENERATIVE DISEASES

NRS 439.5252 Definitions. As used in [NRS 439.5252](#) to [439.5284](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.5254](#) to [439.5266](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [2023, 2068](#))

NRS 439.5254 “Designated department” defined. “Designated department” means:

1. The Department of Brain Health at the University of Nevada, Las Vegas, or its successor department; or

2. If that department ceases to exist, another department at the University of Nevada, Las Vegas, designated by the Board of Regents of the University of Nevada to perform the functions prescribed by [NRS 439.5252](#) to [439.5284](#), inclusive.

(Added to NRS by [2023, 2068](#))

NRS 439.5256 “Health care facility” defined. “Health care facility” has the meaning ascribed to it in [NRS 162A.740](#).

(Added to NRS by [2023, 2068](#))

NRS 439.5258 “Neurodegenerative disease” defined. “Neurodegenerative disease” means a chronic and progressive neurological disease that affects the central nervous system and causes neurons to stop working or die, including, without limitation, Parkinson’s disease, Parkinsonisms, multiple sclerosis and Alzheimer’s disease.

(Added to NRS by [2023, 2068](#))

NRS 439.5262 “Parkinsonisms” defined. “Parkinsonisms” means conditions that cause a combination of the movement abnormalities seen in Parkinson’s disease which overlap with and evolve from Parkinson’s disease.

(Added to NRS by [2023, 2068](#))

NRS 439.5264 “Parkinson’s disease” defined. “Parkinson’s disease” means a chronic and progressive neurological disorder resulting from a deficiency of the neurotransmitter dopamine as a consequence of specific degenerative changes in the basal ganglia of the brain.

(Added to NRS by [2023, 2068](#))

NRS 439.5266 “Provider of health care” defined. “Provider of health care” has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2023, 2068](#))

NRS 439.5268 Authority to establish and maintain system for reporting information; access of Chief Medical Officer and Department of Human Services to data and reports.

1. The designated department may establish and maintain a system for the reporting of information on neurodegenerative diseases.

2. If a system for the reporting of information on neurodegenerative diseases is established pursuant to subsection 1, the designated department shall provide the Chief Medical Officer and Department with access to all individual and aggregate data included in

the system and all reports provided to or compiled by the designated department for inclusion in the system.

(Added to NRS by [2023, 2068](#))

NRS 439.5272 Specifications of designated department governing reporting information to and accessing information. If a system for the reporting of information on neurodegenerative diseases is established pursuant to [NRS 439.5268](#), the designated department shall, in consultation with the Chief Medical Officer:

1. Prescribe the neurodegenerative diseases for which information may be reported in accordance with [NRS 439.5274](#), which may include, without limitation, Parkinson's disease, Parkinsonisms, multiple sclerosis and Alzheimer's disease;

2. Prescribe the form and manner for reporting information on cases of neurodegenerative diseases and the information that may be included in each report; and

3. Establish protocol for allowing access to and preserving the confidentiality of the records of patients needed for research into neurodegenerative diseases.

(Added to NRS by [2023, 2068](#))

NRS 439.5274 Notice of and procedure for patient to opt in to reporting of information.

1. If a system for the reporting of information on neurodegenerative diseases is established pursuant to [NRS 439.5268](#), the designated department shall prescribe a form which provides a patient with:

- (a) Written notice concerning the collection of information pursuant to [NRS 439.5252](#) to [439.5284](#), inclusive, and the purposes for which such information is collected; and

- (b) The opportunity to opt in to the collection of such information by executing the form.

2. If a system for the reporting of information on neurodegenerative diseases is established pursuant to [NRS 439.5268](#), a hospital, medical laboratory or other facility that provides screening, diagnostic or therapeutic services to patients with respect to neurodegenerative diseases or a provider of health care who diagnoses or provides treatment for neurodegenerative diseases may provide to a patient with a neurodegenerative disease for which reporting is authorized pursuant to [NRS 439.5272](#):

- (a) Oral notice concerning the collection of information pursuant to [NRS 439.5252](#) to [439.5284](#), inclusive, and the purpose for which such information is collected; and

- (b) A copy of the form prescribed pursuant to subsection 1.

3. If a patient:

- (a) Executes the form provided to the patient pursuant to subsection 2, the hospital, medical laboratory, other facility or provider of health care, as applicable, may report information concerning the patient to the system established pursuant to [NRS 439.5268](#).

- (b) Does not execute the form provided to the patient pursuant to subsection 2, the hospital, medical laboratory, other facility or provider of health care, as applicable, shall not report any information concerning the patient to the system established pursuant to [NRS 439.5268](#).

4. As used in this section, "medical laboratory" has the meaning ascribed to it in [NRS 652.060](#).

(Added to NRS by [2023, 2069](#))

NRS 439.5276 Maintenance of Internet website for system for reporting information.

1. If a system for the reporting of information on neurodegenerative diseases is established pursuant to [NRS 439.5268](#), the designated department shall, except as otherwise

provided in subsection 2, establish and maintain an Internet website for the system that may include, without limitation:

(a) An annual summary of the activities conducted pursuant to [NRS 439.5252](#) to [439.5284](#), inclusive, which may include, without limitation:

(1) The incidence and prevalence of Parkinson's disease, Parkinsonisms, multiple sclerosis and Alzheimer's disease reported to the system during the immediately preceding year, in total and disaggregated for each county of this State;

(2) The number of reports made to the system pursuant to [NRS 439.5274](#) for the immediately preceding year; and

(3) Demographic information concerning the patients to which the reports described in subparagraph (2) pertain, including, without limitation, information concerning the age, sex and race of such patients.

(b) Other information relating to the system.

2. The designated department may enter into an agreement with the Chief Medical Officer and the Department for the Chief Medical Officer to establish and maintain the Internet website pursuant to subsection 1.

(Added to NRS by [2023, 2069](#))

NRS 439.5278 Gifts, grants and donations. If a system for the reporting of information on neurodegenerative diseases is established pursuant to [NRS 439.5268](#), the designated department may apply for and accept any gifts, grants and donations available to:

1. Carry out the provisions of [NRS 439.5252](#) to [439.5284](#), inclusive;

2. Coordinate with any other state programs relating to research concerning neurodegenerative diseases or assistance to patients diagnosed with neurodegenerative diseases;

3. Pay for research concerning neurodegenerative diseases;

4. Provide education concerning neurodegenerative diseases; and

5. Provide support to persons diagnosed with neurodegenerative diseases.

(Added to NRS by [2023, 2070](#))

NRS 439.5282 Consent required before disclosure of identity of patient, provider of health care or facility. If the system for the reporting of information on neurodegenerative diseases is established pursuant to [NRS 439.5268](#), the designated department, Chief Medical Officer and Department shall not reveal the identity of any patient, provider of health care or health care facility which is involved in the reporting of information to the system established pursuant to [NRS 439.5268](#), unless the patient, provider of health care or health care facility gives prior written consent to such a disclosure.

(Added to NRS by [2023, 2070](#))

NRS 439.5284 Limitation on civil and criminal liability. A person or governmental entity that provides information to the designated department in accordance with [NRS 439.5272](#) and [439.5274](#) must not be held liable in a civil or criminal action for sharing confidential information unless the person or organization has done so in bad faith or with malicious purpose.

(Added to NRS by [2023, 2070](#))

PROGRAM TO TREAT PERSONS WITH HUMAN IMMUNODEFICIENCY VIRUS

NRS 439.529 Administration; duties of Director; use of other programs; prohibition against commingling of money; money for program to be accounted for separately; authorized uses of money.

1. The Department may, to the extent that money is available, administer a program pursuant to 42 U.S.C. §§ 300ff-21 et seq. to provide therapeutics to treat certain persons who have been diagnosed with the human immunodeficiency virus and to prevent the serious deterioration of the health of such persons. The program may include the provision of subsidies and pharmaceutical services.

2. The Director shall:

(a) Establish the criteria for eligibility for participation in the program administered pursuant to this section, which must be in accordance with the provisions of 42 U.S.C. §§ 300ff-21 et seq.; and

(b) Prescribe the manner in which the program will be administered and services will be provided.

3. The Department may use any other program administered by the Department to facilitate the provision of subsidies and services pursuant to this section. If the Department uses another program to facilitate the provision of subsidies and services pursuant to this section, the Department shall not commingle the money available to carry out the provisions of this section and the money available to carry out the other program.

4. Money available to carry out the provisions of this section must be accounted for separately by the Department. The Department shall use such money only to pay for or subsidize the cost of:

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

(b) Insurance premiums, deductibles, copayments, coinsurance or other cost-sharing obligations associated with private health insurance; and

(c) Services that improve access to, adherence to and monitoring of drug treatment.

(Added to NRS by [2007, 2336](#); A [2021, 64](#); [2023, 215, 2269](#))

NRS 439.52905 Prohibitions and requirements relating to federal drug pricing program.

1. If the Department administers a program pursuant to [NRS 439.529](#):

(a) The program may not prohibit or interfere with the ability of a covered provider or contract pharmacy to purchase, administer or dispense, as applicable, a 340B drug, regardless of whether the drug is dispensed or administered to a person participating in the program or whether the program pays all, part or none of the cost of the drug.

(b) When a covered provider or contract pharmacy dispenses or administers a drug that is eligible to be a 340B drug to a person participating in the program and the program pays the insurance premium of the person and the copayment, coinsurance, deductible or other cost-sharing obligation of the person, the program shall pay to the covered provider or contract pharmacy the full amount of the copayment, coinsurance, deductible or other cost-sharing obligation, regardless of whether the drug is a 340B drug.

(c) The program may not deny a request from a covered provider or contract pharmacy to be included in the network of the program if the covered provider or contract pharmacy:

(1) Meets the terms and conditions for participation in the network of the program; and

(2) Requests to participate in the network of the program.

(d) The program shall not treat a covered provider or contract pharmacy differently from an entity that does not participate in the 340B Program or a pharmacy that has contracted with a covered provider, as applicable, in any manner, including, without limitation:

(1) In any regulation, guidance, policy, procedure or contract;

(2) With regard to participation in the network of the program; or

(3) In any matter relating to the dispensing of drugs or billing and reimbursement for drugs.

2. As used in this section:

(a) “340B drug” means a prescription drug that is purchased under the 340B Program.

(b) “340B Program” means the drug pricing program established by the United States Secretary of Health and Human Services pursuant to section 340B of the Public Health Service Act, 42 U.S.C. § 256b, as amended.

(c) “Contract pharmacy” means a pharmacy that enters into a contract with a covered provider to dispense 340B drugs and provide related pharmacy services to the patients of the covered provider.

(d) “Covered entity” has the meaning ascribed to it in 42 U.S.C. § 256b(a)(4).

(e) “Covered provider” means a covered entity other than the program established pursuant to [NRS 439.529](#).

(f) “Network” means a defined set of providers of health care who are under contract with any program established pursuant to [NRS 439.529](#) to provide health care services to persons who participate in the program.

(Added to NRS by [2023, 2268](#))

STROKE REGISTRY

NRS 439.5291 Definitions. As used in [NRS 439.5291](#) to [439.5297](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.5292](#), [439.5293](#) and [439.5294](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2015, 247](#))

NRS 439.5292 “Provider of emergency medical services” defined. “Provider of emergency medical services” means each operator of an ambulance or air ambulance and each fire-fighting agency that has a permit to operate pursuant to [chapter 450B](#) of NRS and provides transportation to hospitals for persons in need of emergency services and care.

(Added to NRS by [2015, 247](#))

NRS 439.5293 “Provider of health care” defined. “Provider of health care” has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2015, 247](#))

NRS 439.5294 “Registry” defined. “Registry” means the Stroke Registry established pursuant to [NRS 439.5295](#).

(Added to NRS by [2015, 247](#))

NRS 439.5295 Duty of Division to establish and maintain Registry; gifts, donations, bequests and grants.

1. The Division shall:

(a) Establish and maintain the Stroke Registry to compile information and statistics concerning the treatment of patients who suffer from strokes. The information and statistics must align with the consensus measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission, the American Heart Association and the American Stroke Association. The Division may request the input, advice and assistance of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease established pursuant to [NRS 439.518](#) concerning the establishment and maintenance of the Registry.

(b) Use, as the data platform for the Registry, the Get With The Guidelines-Stroke data management platform established by the American Heart Association and American Stroke

Association or a similar data management platform with substantially equivalent security standards for data.

(c) To the extent practicable to avoid redundancy, coordinate with nonprofit organizations involved in stroke treatment and research concerning the collection and maintenance of data in the Registry.

(d) Encourage the reporting of data to the Registry by medical facilities, including, without limitation, hospitals certified as acute stroke-ready hospitals by the Joint Commission, providers of health care and providers of emergency medical services that treat patients who suffer from strokes, including, without limitation, those that are not required to submit information to the Registry pursuant to [NRS 449.203](#).

(e) Using guidelines prescribed by a nationally recognized organization involved in stroke treatment and research, determine which data may be reported to the Registry. Such data must include, without limitation, the consensus measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission, the American Heart Association and the American Stroke Association.

(f) Make aggregated data from the Registry available to each medical facility, provider of health care and provider of emergency medical services that treats patients who suffer from strokes in this State.

2. The Division may apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of [NRS 439.5291](#) to [439.5297](#), inclusive.

3. As used in this section, “data management platform” means a centralized computing system for collecting, integrating and managing data.

(Added to NRS by [2015, 247](#))

NRS 439.5296 Duties of Division to encourage and facilitate sharing and analysis of information and data. The Division shall:

1. Encourage medical facilities, providers of health care and providers of emergency medical services to share information and data concerning the treatment of patients who suffer from strokes to improve the quality of care for those patients in this State; and

2. Facilitate the sharing and analysis of the information and data specified in subsection 1.

(Added to NRS by [2015, 248](#))

NRS 439.5297 Duty of Division to adopt and carry out procedures for using Registry.

1. The Division shall adopt and carry out procedures for using the Registry. The procedures must include, without limitation:

(a) Analyzing data in the Registry concerning the response to and treatment of strokes; and

(b) Identifying potential solutions for improving the treatment of patients who have suffered strokes in particular geographic areas of this State and in this State as a whole.

2. The Division shall compile an annual report concerning the operation and use of the Registry and the data collected by the Registry. On or before June 1 of each year, the Division shall post the report on its Internet website, if any, and submit the report to the Governor. The report must include, without limitation:

(a) Aggregated data from the Registry; and

(b) Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.

(Added to NRS by [2015, 248](#); A [2015, 250](#))

MISCELLANEOUS PROVISIONS

NRS 439.530 Treatment by prayer, mental or spiritual means; no compulsion to submit to medical treatment. None of the provisions of this chapter or the laws of this State regulating the practice of medicine or healing shall be construed to interfere with treatment by prayer or with any person who administers to or treats the sick or suffering by mental or spiritual means, nor shall any person who selects such treatment for the cure of disease be compelled to submit to any form of medical treatment, nor shall any such person be removed to any isolation hospital or camp without his or her consent if the sanitary and quarantine laws of the State are complied with.

[8:199:1911; added [1919, 221](#); 1919 RL p. 2894; NCL § 5276]

NRS 439.532 Testing and labeling of certain products containing cannabidiol; regulations.

1. Unless federal law or regulation otherwise requires, a person shall not sell or offer to sell any commodity or product containing hemp which is intended for human consumption or any other commodity or product that purports to contain cannabidiol with a THC concentration that does not exceed the maximum THC concentration established by federal law for hemp unless such a commodity or product:

(a) Has been tested by an independent testing laboratory and meets the standards established by regulation of the Department pursuant to subsection 3; and

(b) Is labeled in accordance with the regulations adopted by the Department pursuant to subsection 3.

2. A person who produces or offers for sale a commodity or product described in subsection 1 may submit such a commodity or product to a cannabis independent testing laboratory for testing pursuant to this section and a cannabis independent testing laboratory may perform such testing.

3. The Department shall adopt regulations requiring the testing and labeling of any commodity or product described in subsection 1. Such regulations must:

(a) Set forth protocols and procedures for the testing of the commodities and products described in subsection 1;

(b) Identify contaminants of the commodities and products described in subsection 1 which are foods that contain an approved hemp component, as defined in [NRS 439.532](#), and prescribe tolerances for such contaminants; and

(c) Require that any commodity or product described in subsection 1 is labeled in a manner that is not false or misleading in accordance with the applicable provisions of [chapters 580](#) and [585](#) of NRS.

4. As used in this section:

(a) “Cannabis independent testing laboratory” has the meaning ascribed to it in [NRS 678A.115](#).

(b) “Food” has the meaning ascribed to it in [NRS 580.040](#).

(c) “Hemp” has the meaning ascribed to it in [NRS 557.160](#).

(d) “Intended for human consumption” means intended for ingestion or inhalation by a human or for topical application to the skin or hair of a human.

(e) “THC” has the meaning ascribed to it in [NRS 453.139](#).

(Added to NRS by [2019, 2354, 3874](#); A [2021, 728](#); [2025, 3544](#))

NRS 439.535 Clinic for immunization of children: Availability; immunity of personnel from criminal and civil liability.

1. Clinics for the immunization of children for the diseases enumerated in [NRS 392.435](#), [394.192](#) and [432A.230](#) must be held by the county, city, town or district boards of health, as

the case may be, not less than 1 month before the opening date of the school year in the respective counties, cities and towns within the State.

2. Qualified personnel of any clinic who administer vaccines or boosters pursuant to this section in good faith and without gross negligence are immune from civil and criminal liability.

(Added to NRS by [1979, 316](#))

NRS 439.538 Electronic transmission of health information: Exemption from state law concerning privacy or confidentiality of certain health information; ability of person to opt out of electronic disclosure of certain health information. [Replaced in revision by [NRS 439.597](#).]

NRS 439.539 Duty of Department to hold informational meetings to coordinate services for victims of sex trafficking. The Department shall periodically hold informational meetings, as deemed appropriate by the Director, for the purpose of coordinating the efforts of various entities associated with the provision of services for victims of sex trafficking to improve such services, including, without limitation, to ensure that any applicable funding received by such entities is used in the most effective and efficient way possible to assist victims of sex trafficking and to achieve the goals set forth in the statewide strategic plan developed by the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children, established by the Governor pursuant to Executive Order 2016-14, issued on May 31, 2016.

(Added to NRS by [2017, 4076](#))

NRS 439.540 Chapter does not alter powers of Commissioner of Food and Drugs or powers of Director of State Department of Agriculture. Nothing contained in this chapter may be construed as modifying or altering the powers conferred by law upon the Commissioner of Food and Drugs with respect to the adulteration, mislabeling or misbranding of foods, drugs, medicines and liquors, or the powers conferred by law upon the Director of the State Department of Agriculture with respect to the weighing and testing of products to prevent fraud and to ensure appropriate food safety.

[41:199:1911; added [1939, 297](#); 1931 NCL § 5268.07]—(NRS A [2001, 2439](#); [2017, 145](#))

NRS 439.550 Strict enforcement of chapter by local health officer.

1. Each local health officer is charged with the strict and thorough enforcement of the provisions of this chapter in the jurisdiction of the health officer, under the supervision and direction of the Division.

2. Each local health officer, under the direction and supervision of the Division, shall enforce all provisions of law requiring the immunization of children in the public schools, private schools and child care facilities in the jurisdiction of the health officer and, after consulting boards of trustees of school districts, private school officials and operators of child care facilities, shall adopt regulations for the enforcement of those provisions, including the establishment of time limits and schedules for the immunization of children at various grade levels.

3. Each local health officer shall make reports to the Division of any violation coming to his or her notice by observation or upon complaint of any person or otherwise.

[Part 22:199:1911; RL § 2973; NCL § 5256]—(NRS A [1963, 942](#); [1969, 1018](#); [1979, 317](#))

NRS 439.560 Enforcement of chapter by public officers. All health officers, local boards of health, sheriffs, constables, police officers, marshals, all persons in charge of public buildings and institutions, and all other public officers and employees shall respect and enforce this chapter, all provisions of law requiring the immunization of children in public

schools, private schools and child care facilities, and all lawful rules, orders and regulations adopted in pursuance thereof in every particular affecting their respective localities and duties.

[37:199:1911; added [1939, 297](#); 1931 NCL § 5268.03]—(NRS A [1979, 317](#))

NRS 439.565 Injunctions against violations.

1. Any person, corporation, firm, partnership, joint stock company, or any other association or organization which violates or proposes to violate this chapter, provisions of law requiring the immunization of children in public schools, private schools and child care facilities, any regulation of the State Board of Health or any regulation of a county, district or city board of health approved by the State Board of Health pursuant to this chapter may be enjoined by any court of competent jurisdiction.

2. Actions for injunction under this section may be prosecuted by the Attorney General, any district attorney in this State or any retained counsel of any local board of health in the name and upon the complaint of the State Board of Health or any local board of health, or upon the complaint of the Chief Medical Officer or of any local health officer or his or her deputy.

3. A court may issue a permanent or temporary injunction, restraining order or other appropriate order pursuant to this section.

(Added to NRS by [1973, 315](#); A [1979, 317](#); [2009, 552](#))

NRS 439.570 Health authority may report violation to district attorney or Attorney General; initiation and prosecution of action.

1. When the health authority deems it necessary, the health authority shall report cases of violation of any of the provisions of this chapter or of provisions of law requiring the immunization of children in public schools, private schools and child care facilities, to the district attorney of the county, with a statement of the facts and circumstances. When any such case is reported to the district attorney by the health authority, the district attorney shall forthwith initiate and promptly follow up the necessary court proceedings against the person or corporation responsible for the alleged violation of law.

2. Upon request of the Division, the Attorney General shall assist in the enforcement of the provisions of this chapter and provisions of law requiring the immunization of children in public schools, private schools and child care facilities.

[Part 22:199:1911; RL § 2973; NCL § 5256]—(NRS A [1963, 942](#); [1969, 1019](#); [1979, 317](#); [2013, 3042](#))

NRS 439.580 Penalties.

1. Any local health officer or a deputy of a local health officer who neglects or fails to enforce the provisions of this chapter in his or her jurisdiction, or neglects or refuses to perform any of the duties imposed upon him or her by this chapter or by the instructions and directions of the Division shall be punished by a fine of not more than \$250.

2. Except as otherwise provided in [NRS 439.589](#), each person who violates any of the provisions of this chapter or refuses or neglects to obey any lawful order, rule or regulation of the:

(a) State Board of Health or violates any rule or regulation approved by the State Board of Health pursuant to [NRS 439.350](#), [439.366](#), [439.410](#) and [439.460](#); or

(b) Director of the Authority adopted pursuant to [NRS 439.581](#) to [439.597](#), inclusive,

↪ is guilty of a misdemeanor.

[Part 21:199:1911; RL § 2972; NCL § 5255] + [39:199:1911; added [1939, 297](#); 1931 NCL § 5268.05]—(NRS A [1963, 942](#); [1967, 577](#); [1969, 880](#); [1973, 314](#); [1979, 1469](#); [2005, 2467](#); [2011, 1760](#); [2013, 3042](#); [2023, 1843](#); [2025, 3677](#))

HEALTH INFORMATION TECHNOLOGY

NRS 439.581 Definitions. As used in [NRS 439.581](#) to [439.597](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.582](#) to [439.585](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [2011, 1754](#); A [2015, 1038](#); [2023, 1843](#))

NRS 439.582 “Electronic health record” defined. “Electronic health record” has the meaning ascribed to it in 42 U.S.C. § 17921(5).

(Added to NRS by [2011, 1754](#))

NRS 439.583 “Health care provider” defined. “Health care provider” has the meaning ascribed to it in 45 C.F.R. § 160.103.

(Added to NRS by [2011, 1754](#))

NRS 439.584 “Health information exchange” defined. “Health information exchange” means a person who makes available an electronic means of connecting disparate electronic systems on which health-related information is shared which:

1. Is made commercially available to health care providers and other covered entities by a covered entity or the business associate of a covered entity, as those terms are defined in 45 C.F.R. § 160.103; and

2. Allows the secure transfer of clinical information concerning the health of a patient according to nationally recognized standards to any health care provider who provides services to the patient that elects to exchange health information in such a manner.

(Added to NRS by [2011, 1754](#); A [2015, 1038](#))

NRS 439.585 “Person” defined. “Person” means:

1. A natural person.

2. Any form of business or social organization and any other nongovernmental legal entity, including, without limitation, a corporation, partnership, association, trust or unincorporated organization.

3. A government, a political subdivision of a government or an agency or instrumentality of a government or of a political subdivision of a government.

(Added to NRS by [2011, 1754](#))

NRS 439.587 Designation of Director of Authority as state authority for health information technology; authorization to establish or contract with one or more health information exchanges; adoption of regulations and other necessary actions authorized.

1. The Director of the Authority is the state authority for health information technology.

2. The Director of the Authority may establish or contract with one or more health information exchanges to be responsible for compiling statewide master indexes of patients, health care providers and payers. The Director of the Authority may by regulation prescribe the requirements for such a health information exchange, including, without limitation, the procedure by which any patient, health care provider or payer master index created pursuant to any contract is transferred to the State upon termination of the contract.

3. The Director of the Authority may enter into contracts, apply for and accept available gifts, grants and donations, and adopt such regulations as are necessary to carry out the provisions of [NRS 439.581](#) to [439.597](#), inclusive.

(Added to NRS by [2011, 1755](#); A [2015, 1038](#); [2023, 1843](#); [2025, 3677](#))

NRS 439.588 Certification for health information exchange required; disciplinary action for failure to comply with law; administrative fine for operating without

certification; regulations.

1. A health information exchange shall not operate in this State without first obtaining certification as provided in subsection 2.

2. The Director of the Authority shall by regulation establish the manner in which a health information exchange may apply for certification and the requirements for granting such certification, which must include, without limitation, that the health information exchange demonstrate its financial and operational sustainability, adherence to the privacy, security and patient consent standards adopted pursuant to [NRS 439.589](#) and capacity for interoperability with any other health information exchange certified pursuant to this section.

3. The Director of the Authority may deny an application for certification or may suspend or revoke any certification issued pursuant to subsection 2 for failure to comply with the provisions of [NRS 439.581](#) to [439.597](#), inclusive, or the regulations adopted pursuant thereto or any applicable federal or state law.

4. When the Director of the Authority intends to deny, suspend or revoke a certification, he or she shall give reasonable notice to all parties by certified mail. The notice must contain the legal authority, jurisdiction and reasons for the action to be taken. A health information exchange that wishes to contest the action of the Director of the Authority must file an appeal with the Director of the Authority.

5. The Director of the Authority shall adopt regulations establishing the manner in which a person may file a complaint with the Director of the Authority regarding a violation of the provisions of this section.

6. The Director of the Authority may impose an administrative fine against a health information exchange which operates in this State without holding a certification in an amount established by the Director of the Authority by regulation. The Director of the Authority shall afford a health information exchange so fined an opportunity for a hearing pursuant to the provisions of [NRS 233B.121](#).

7. The Director of the Authority may adopt such regulations as he or she determines are necessary to carry out the provisions of this section.

(Added to NRS by [2011, 1755](#); A [2015, 1039](#); [2023, 1844](#); [2025, 3678](#))

NRS 439.589 Adoption of framework for electronic maintenance, transmittal and exchange of electronic health records, prescriptions, health-related information and electronic signatures; compliance by certain persons and entities with framework; waiver; exception; failure to comply not misdemeanor.

1. The Director of the Authority, in consultation with health care providers, third parties and other interested persons and entities, shall by regulation prescribe a framework for the electronic maintenance, transmittal and exchange of electronic health records, prescriptions, health-related information and electronic signatures and requirements for electronic equivalents of written entries or written approvals in accordance with federal law. The regulations must:

(a) Establish standards for networks and technologies to be used to maintain, transmit and exchange health information, including, without limitation, standards:

(1) That require:

(I) The use of networks and technologies that allow patients to access electronic health records directly from the health care provider of the patient and forward such electronic health records electronically to other persons and entities; and

(II) The interoperability of such networks and technologies in accordance with the applicable standards for the interoperability of Qualified Health Information Networks prescribed by the Office of the National Coordinator for Health Information Technology of the United States Department of Health and Human Services;

(2) To ensure that electronic health records retained or shared are secure;

(3) To maintain the confidentiality of electronic health records and health-related information, including, without limitation, standards to maintain the confidentiality of electronic health records relating to a child who has received health care services without the consent of a parent or guardian and which ensure that a child's right to access such health care services is not impaired;

(4) To ensure the privacy of individually identifiable health information, including, without limitation, standards to ensure the privacy of information relating to a child who has received health care services without the consent of a parent or guardian;

(5) For obtaining consent from a patient before retrieving the patient's health records from a health information exchange, including, without limitation, standards for obtaining such consent from a child who has received health care services without the consent of a parent or guardian;

(6) For making any necessary corrections to information or records;

(7) For notifying a patient if the confidentiality of information contained in an electronic health record of the patient is breached;

(8) Governing the ownership, management and use of electronic health records, health-related information and related data; and

(9) For the electronic transmission of prior authorizations for prescription medication;

(b) Ensure compliance with the requirements, specifications and protocols for exchanging, securing and disclosing electronic health records, health-related information and related data prescribed pursuant to the provisions of the Health Information Technology for Economic and Clinical Health Act, 42 U.S.C. §§ 300jj et seq. and 17901 et seq., the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and other applicable federal and state law; and

(c) Be based on nationally recognized best practices for maintaining, transmitting and exchanging health information electronically.

2. The standards prescribed pursuant to this section must include, without limitation:

(a) Requirements for the creation, maintenance and transmittal of electronic health records;

(b) Requirements for protecting confidentiality, including control over, access to and the collection, organization and maintenance of electronic health records, health-related information and individually identifiable health information;

(c) Requirements for the manner in which a patient may, through a health care provider who participates in the sharing of health records using a health information exchange, revoke his or her consent for a health care provider to retrieve the patient's health records from the health information exchange;

(d) A secure and traceable electronic audit system for identifying access points and trails to electronic health records and health information exchanges; and

(e) Any other requirements necessary to comply with all applicable federal laws relating to electronic health records, health-related information, health information exchanges and the security and confidentiality of such records and exchanges.

3. The regulations adopted pursuant to this section must not require any person or entity to use a health information exchange.

4. Except as otherwise provided in subsections 5, 6 and 7, the Department and the divisions thereof, the Authority and the divisions thereof, other state and local governmental entities, health care providers, third parties, pharmacy benefit managers and other entities licensed or certified pursuant to title 57 of NRS shall maintain, transmit and exchange health information in accordance with the regulations adopted pursuant to this section, the provisions of [NRS 439.581](#) to [439.597](#), inclusive, and any other regulations adopted pursuant thereto.

5. The Federal Government and employees thereof, a provider of health coverage for federal employees, a provider of health coverage that is subject to the Employee Retirement Income Security Act of 1974, 29 U.S.C. §§ 1001 et seq., or a Taft-Hartley trust formed pursuant to 29 U.S.C. § 186(c)(5) is not required to but may maintain, transmit and exchange electronic information in accordance with the regulations adopted pursuant to this section.

6. A health care provider may apply to the Authority for a waiver from the provisions of subsection 4 on the basis that the health care provider does not have the infrastructure necessary to comply with those provisions, including, without limitation, because the health care provider does not have access to the Internet. The Authority shall grant a waiver if it determines that:

(a) The health care provider does not currently have the infrastructure necessary to comply with the provisions of subsection 4; and

(b) Obtaining such infrastructure is not reasonably practicable, including, without limitation, because the cost of such infrastructure would make it difficult for the health care provider to continue to operate.

7. The provisions of subsection 4 do not apply to the Department of Corrections.

8. A violation of the provisions of this section or any regulations adopted pursuant thereto is not a misdemeanor.

9. As used in this section:

(a) “Pharmacy benefit manager” has the meaning ascribed to it in [NRS 683A.174](#).

(b) “Third party” means any insurer, governmental entity or other organization providing health coverage or benefits in accordance with state or federal law.

(Added to NRS by [2011, 1756](#); A [2015, 1040](#); [2023, 1844](#); [2025, 3678](#))

NRS 439.5895 Notification of regulatory body if licensed provider or insurer fails to comply with regulations governing maintenance, transmittal and exchange of health information; notification of regulatory body upon compliance.

1. The Authority shall notify each regulatory body of this State that has issued a current, valid license to a licensed provider or insurer if:

(a) The Authority determines that the licensed provider or insurer is not in compliance with the requirements of subsection 4 of [NRS 439.589](#); and

(b) The licensed provider or insurer:

(1) Is not exempt from those requirements pursuant to subsection 5 of [NRS 439.589](#); and

(2) Has not received a waiver of those requirements pursuant to subsection 6 of [NRS 439.589](#).

2. If the Authority determines that a licensed provider or insurer for which notice was previously provided pursuant to subsection 1 has come into compliance with the requirements of subsection 4 of [NRS 439.589](#), the Authority shall immediately notify the regulatory body that issued the license.

3. As used in this section:

(a) “License” means any license, certificate, registration, permit or similar type of authorization to practice an occupation or profession or engage in a business in this State issued to a licensed provider or insurer.

(b) “Licensed provider or insurer” means:

(1) A medical facility licensed pursuant to [chapter 449](#) of NRS;

(2) The holder of a permit to operate an ambulance, an air ambulance or a vehicle of a fire-fighting agency pursuant to [chapter 450B](#) of NRS;

(3) A provider of health care, as defined in [NRS 629.031](#), who is licensed pursuant to title 54 of NRS; or

(4) Any person licensed pursuant to title 57 of NRS.

(c) “Regulatory body” means any governmental entity that issues a license.

(Added to NRS by [2023, 1842](#); A [2025, 3680](#))

NRS 439.590 Limitations on use, release or publication of certain information; penalty for unauthorized access to electronic health record or health information exchange; establishment of complaint system.

1. Except as otherwise authorized by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, a person shall not use, release or publish:

(a) Individually identifiable health information from an electronic health record or a health information exchange for a purpose unrelated to the treatment, care, well-being or billing of the person who is the subject of the information; or

(b) Any information contained in an electronic health record or retained by or retrieved from a health information exchange for a marketing purpose.

2. Individually identifiable health information obtained from an electronic health record or a health information exchange concerning health care services received by a child without the consent of a parent or guardian of the child must not be disclosed to the parent or guardian of the child without the consent of the child which is obtained in the manner established pursuant to [NRS 439.589](#).

3. A person who accesses an electronic health record or a health information exchange without authority to do so is guilty of a misdemeanor and liable for any damages to any person that result from the unauthorized access.

4. The Director of the Authority shall adopt regulations establishing the manner in which a person may file a complaint with the Director of the Authority regarding a violation of the provisions of this section. The Director of the Authority shall also post on the Internet website of the Authority and publish in any other manner the Director of the Authority deems necessary and appropriate information concerning the manner in which to file a complaint with the Director of the Authority and the manner in which to file a complaint of a violation of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

(Added to NRS by [2011, 1757](#); A [2015, 1041](#); [2025, 3681](#))

NRS 439.591 Patient not required to participate in health information exchange; notification to patient of breach of confidentiality of electronic health records or health information exchange; patient access to electronic health records.

1. Except as otherwise provided in subsection 2 of [NRS 439.597](#), a patient must not be required to participate in a health information exchange. Before a patient’s health care records may be retrieved from a health information exchange, the patient must be fully informed and affirmatively consent, in the manner prescribed by the Director of the Authority. It is the public policy of this State that, except as otherwise provided in [NRS 439.597](#), a patient’s health care records must not be retrieved from a health information exchange unless the patient provides such affirmative consent.

2. A patient must be notified in the manner prescribed by the Director of the Authority of any breach of the confidentiality of electronic health records of the patient or a health information exchange.

3. A patient who consents to the retrieval of his or her electronic health record from a health information exchange may at any time request that a health care provider access and provide the patient with his or her electronic health record in accordance with the provisions of 45 C.F.R. § 164.524.

(Added to NRS by [2011, 1759](#); A [2015, 1042](#); [2023, 1847](#); [2025, 3682](#))

NRS 439.592 Electronic health records, electronic signatures and electronically transmitted or retrieved health information deemed to comply with certain writing and

signature requirements; information maintained or transmitted in electronic health record or retrieved by a health information exchange deemed to comply with certain confidentiality requirements; exception.

1. Except as otherwise prohibited by federal law:

(a) If a statute or regulation requires that a health care record, prescription, medical directive or other health-related document be in writing, or that such a record, prescription, directive or document be signed, an electronic health record, an electronic signature or the transmittal or retrieval of health information in accordance with the provisions of [NRS 439.581](#) to [439.597](#), inclusive, and the regulations adopted pursuant thereto shall be deemed to comply with the requirements of the statute or regulation.

(b) If a statute or regulation requires that a health care record or information contained in a health care record be kept confidential, maintaining, transmitting or retrieving that information in an electronic health record or by a health information exchange in accordance with the provisions of [NRS 439.581](#) to [439.595](#), inclusive, and the regulations adopted pursuant thereto concerning the confidentiality of records shall be deemed to comply with the requirements of the statute or regulation.

2. As used in this section, “health care record” has the meaning ascribed to it in [NRS 629.021](#).

(Added to NRS by [2011, 1759](#); A [2015, 1043](#))

NRS 439.593 Immunity from liability for health care provider who takes certain actions with respect to electronic health record. A health care provider who with reasonable care transmits, accesses, utilizes, discloses, relies upon or provides to a patient an apparently genuine electronic health record in accordance with [NRS 439.581](#) to [439.597](#), inclusive, and the regulations adopted pursuant thereto is immune from civil or criminal liability for any decision concerning the provision of health care to a patient and any civil or criminal liability resulting from the provision of the record to a patient if:

1. The electronic health record is inaccurate;
2. The inaccuracy was not caused by the health care provider;
3. The inaccuracy resulted in an inappropriate health care decision; and
4. The health care decision was appropriate based upon the information contained in the inaccurate electronic health record.

(Added to NRS by [2011, 1758](#); A [2015, 1043](#); [2023, 1847](#))

NRS 439.595 Provision of information to, transmitting, accessing, utilizing or disclosing electronic health record or participation in health information exchange not unfair trade practice. Providing information to, transmitting, accessing, utilizing or disclosing an electronic health record or participating in a health information exchange in accordance with [NRS 439.581](#) to [439.597](#), inclusive, does not constitute an unfair trade practice pursuant to [chapter 598A](#) or [686A](#) of NRS.

(Added to NRS by [2011, 1758](#); A [2023, 1847](#))

NRS 439.597 Electronic transmission of health information: Exemption from state law concerning privacy or confidentiality of certain health information; ability of person to opt out of electronic disclosure of certain health information.

1. If a covered entity transmits electronically individually identifiable health information in compliance with the provisions of:

(a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191; and

(b) [NRS 439.581](#) to [439.597](#), inclusive, and the regulations adopted pursuant thereto,

→ which govern the electronic transmission of such information, the covered entity is, for purposes of the electronic transmission, exempt from any state law that contains more stringent requirements or provisions concerning the privacy or confidentiality of individually identifiable health information.

2. A covered entity that makes individually identifiable health information available electronically pursuant to subsection 1 shall allow any person to opt out of having his or her individually identifiable health information disclosed electronically to other covered entities, except:

(a) As required by the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

(b) As otherwise required by a state law.

(c) That a person who is a recipient of Medicaid or insurance pursuant to the Children's Health Insurance Program may not opt out of having his or her individually identifiable health information disclosed electronically.

3. As used in this section, "covered entity" has the meaning ascribed to it in 45 C.F.R. § 160.103.

(Added to NRS by [2007, 1977](#); A [2011, 1759](#))—(Substituted in revision for NRS 439.538)

ADMINISTRATION OF CERTAIN PROCEEDS FROM MANUFACTURERS OF TOBACCO PRODUCTS

General Provisions

NRS 439.600 Legislative declaration.

1. The Legislature hereby declares that its priorities in expending the proceeds to the State of Nevada from settlement agreements with and civil actions against manufacturers of tobacco products are:

(a) To increase the number of Nevada students who attend and graduate from Nevada institutions of higher education; and

(b) To assist Nevada residents in obtaining and maintaining good health.

2. To further these priorities, the Legislature hereby declares that it is in the best interest of the residents of this State that all money received by the State of Nevada pursuant to any settlement entered into by the State of Nevada and a manufacturer of tobacco products and all money recovered by the State of Nevada from a judgment in a civil action against a manufacturer of tobacco products be dedicated solely toward the achievement of the following goals:

(a) Increasing the number of Nevada residents who enroll in and attend a university, college or community college in the State of Nevada;

(b) Reducing and preventing the use of tobacco products, alcohol and illegal drugs, especially by children;

(c) Expanding the availability of health insurance and health care for children and adults in this State, especially for children and for adults with disabilities;

(d) Assisting senior citizens and persons with disabilities who have modest incomes in purchasing prescription drugs, pharmaceutical services and, to the extent money is available, other services, including, without limitation, dental and vision services, and hearing aids or other devices that enhance the ability to hear, and assisting those senior citizens and persons with disabilities in meeting their needs related to health care, home care, respite care and their ability to live independent of institutional care; and

(e) Promoting the general health of all residents of the State of Nevada.

(Added to NRS by [1999, 2755](#); A [2001, 1418](#); [2005, 1570](#); [2007, 2336](#))

Fund for a Healthy Nevada

NRS 439.620 Creation and administration of Fund; appropriation and expenditure of contents.

1. The Fund for a Healthy Nevada is hereby created in the State Treasury. The State Treasurer shall deposit in the Fund:

(a) Sixty percent of all money received by this State pursuant to any settlement entered into by the State of Nevada and a manufacturer of tobacco products; and

(b) Sixty percent of all money recovered by this State from a judgment in a civil action against a manufacturer of tobacco products.

2. The State Treasurer shall administer the Fund. As administrator of the Fund, the State Treasurer:

(a) Shall maintain the financial records of the Fund;

(b) Shall invest the money in the Fund as the money in other state funds is invested;

(c) Shall manage any account associated with the Fund;

(d) Shall maintain any instruments that evidence investments made with the money in the Fund;

(e) May contract with vendors for any good or service that is necessary to carry out the provisions of this section; and

(f) May perform any other duties necessary to administer the Fund.

3. The interest and income earned on the money in the Fund must, after deducting any applicable charges, be credited to the Fund. All claims against the Fund must be paid as other claims against the State are paid.

4. The State Treasurer or the Department may submit to the Interim Finance Committee a request for an allocation for administrative expenses from the Fund pursuant to this section. Except as otherwise limited by this subsection, the Interim Finance Committee may allocate all or part of the money so requested. The annual allocation for administrative expenses from the Fund must:

(a) Not exceed 2 percent of the money in the Fund, as calculated pursuant to this subsection, each year to pay the costs incurred by the State Treasurer to administer the Fund; and

(b) Not exceed 5 percent of the money in the Fund, as calculated pursuant to this subsection, each year to pay the costs incurred by the Department, including, without limitation, the Aging and Disability Services Division of the Department, to carry out its duties set forth in [NRS 439.630](#).

➔ For the purposes of this subsection, the amount of money available for allocation to pay for the administrative costs must be calculated at the beginning of each fiscal year based on the total amount of money anticipated by the State Treasurer to be deposited in the Fund during that fiscal year.

5. The money in the Fund remains in the Fund and does not revert to the State General Fund at the end of any fiscal year.

6. All money that is deposited or paid into the Fund is hereby appropriated to be used for any purpose authorized by the Legislature or by the Department for expenditure or allocation in accordance with the provisions of [NRS 439.630](#). Money expended from the Fund must not be used to supplant existing methods of funding that are available to public agencies.

(Added to NRS by [1999, 2756](#); A [2001, 2668](#); [2003, 1748](#); [2005, 918](#), [1255](#), [1329](#), [2047](#); [2007, 2337](#); [2010, 26th Special Session, 17](#); [2011, 2868](#); [2021, 64](#); [2023, 216](#))

NRS 439.630 Powers and duties of Department; eligibility of veterans for certain benefits or services available to senior citizens, persons with disabilities and other

specified persons; submission of biennial report by Grants Management Advisory Committee, Nevada Commission on Aging and Nevada Commission on Services for Persons with Disabilities.

1. The Department shall:

(a) Conduct, or require the Grants Management Advisory Committee created by [NRS 232.383](#) to conduct, public hearings to accept public testimony from a wide variety of sources and perspectives regarding existing or proposed programs that:

- (1) Promote public health;
- (2) Improve health services for children, senior citizens and persons with disabilities;
- (3) Reduce or prevent alcohol and other substance use disorders; and
- (4) Offer other general or specific information on health care in this State.

(b) Establish a process to evaluate the health and health needs of the residents of this State and a system to rank the health problems of the residents of this State, including, without limitation, the specific health problems that are endemic to urban and rural communities, and report the results of the evaluation to the Joint Interim Standing Committee on Health and Human Services on an annual basis.

(c) Subject to legislative authorization, allocate money to the Department to provide grants and enter into contracts or intergovernmental agreements to pay for prescription drugs, pharmaceutical services and, to the extent money is available, other benefits, including, without limitation, dental and vision benefits and hearing aids or other devices that enhance the ability to hear, for natural persons who are residents of this State and meet the criteria for eligibility established by regulation of the Department. From the money allocated pursuant to this paragraph, the Department may subsidize any portion of the cost of providing prescription drugs, pharmaceutical services and, to the extent money is available, other benefits, including, without limitation, dental and vision benefits and hearing aids or other devices that enhance the ability to hear, to such natural persons. The Department shall consider recommendations from the Grants Management Advisory Committee in carrying out the provisions of this paragraph. The Department shall submit an annual report to the Governor, the Interim Finance Committee, the Joint Interim Standing Committee on Health and Human Services and any other committees or commissions the Director deems appropriate regarding the general manner in which expenditures have been made pursuant to this paragraph.

(d) Subject to legislative authorization, allocate, by contract or grant, money for expenditure by the Aging and Disability Services Division of the Department in the form of grants for existing or new programs that assist senior citizens and other specified persons with independent living, including, without limitation, programs that provide:

(1) Respite care or relief of informal caretakers, including, without limitation, informal caretakers of any person with Alzheimer's disease or other related dementia regardless of the age of the person;

(2) Transportation to new or existing services to assist senior citizens in living independently; and

(3) Care in the home which allows senior citizens to remain at home instead of in institutional care.

➡ The Aging and Disability Services Division of the Department shall consider recommendations from the Grants Management Advisory Committee concerning the independent living needs of senior citizens.

(e) Allocate \$200,000 of all revenues deposited in the Fund for a Healthy Nevada each year for direct expenditure by the Director to award competitive grants to finance the establishment, expansion and operation of assisted living facilities that provide services pursuant to the provisions of the home and community-based services waiver which are amended pursuant to [NRS 422.3962](#). The Director shall develop policies and procedures for awarding grants pursuant to this paragraph that prioritize assisted living facilities that

demonstrate the ability to meet the criteria for certification pursuant to [NRS 319.147](#). If any money allocated pursuant to this paragraph remains after awarding grants to all eligible applicants, the Director must reallocate such money to the Aging and Disability Services Division of the Department to be used for the purposes described in paragraph (d).

(f) Subject to legislative authorization, allocate to the Division money for programs that are consistent with the guidelines established by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. In making allocations pursuant to this paragraph, the Division shall allocate the money, by contract or grant:

(1) To the district board of health in each county whose population is 100,000 or more for expenditure for such programs in the respective county;

(2) For such programs in counties whose population is less than 100,000; and

(3) For statewide programs for tobacco cessation and other statewide services for tobacco cessation and for statewide evaluations of programs which receive an allocation of money pursuant to this paragraph, as determined necessary by the Division and the district boards of health.

(g) Subject to legislative authorization, allocate, by contract or grant, money for expenditure for programs that improve the health and well-being of residents of this State, including, without limitation, programs that improve health services for children.

(h) Subject to legislative authorization, allocate, by contract or grant, money for expenditure for programs that improve the health and well-being of persons with disabilities. In making allocations pursuant to this paragraph, the Department shall, to the extent practicable, allocate the money evenly among the following three types of programs:

(1) Programs that provide respite care or relief of informal caretakers for persons with disabilities;

(2) Programs that provide positive behavioral supports to persons with disabilities; and

(3) Programs that assist persons with disabilities to live safely and independently in their communities outside of an institutional setting.

(i) Maximize expenditures through local, federal and private matching contributions.

(j) Ensure that any money expended from the Fund will not be used to supplant existing methods of funding that are available to public agencies.

(k) Develop policies and procedures for the administration and distribution of contracts, grants and other expenditures to state agencies, political subdivisions of this State, nonprofit organizations, universities, state colleges and community colleges. A condition of any such contract or grant must be that not more than 8 percent of the contract or grant may be used for administrative expenses or other indirect costs. The procedures must require at least one competitive round of requests for proposals per biennium.

(l) To make the allocations required by paragraphs (f), (g) and (h):

(1) Prioritize and quantify the needs for these programs;

(2) Develop, solicit and accept applications for allocations;

(3) Review and consider the recommendations of the Grants Management Advisory Committee submitted pursuant to [NRS 232.385](#);

(4) Conduct annual evaluations of programs to which allocations have been awarded; and

(5) Submit annual reports concerning the programs to the Governor, the Interim Finance Committee, the Joint Interim Standing Committee on Health and Human Services and any other committees or commissions the Director deems appropriate.

(m) Transmit a report of all findings, recommendations and expenditures to the Governor, each regular session of the Legislature, the Joint Interim Standing Committee on Health and Human Services and any other committees or commissions the Director deems appropriate.

(n) After considering the recommendations submitted to the Director pursuant to subsection 6, develop a plan each biennium to determine the percentage of available money in the Fund for a Healthy Nevada to be allocated from the Fund for the purposes described in paragraphs (c), (d), (f), (g) and (h). The plan must be submitted as part of the proposed budget submitted to the Chief of the Budget Division of the Office of Finance pursuant to [NRS 353.210](#).

(o) On or before September 30 of each even-numbered year, submit to the Grants Management Advisory Committee, the Nevada Commission on Aging created by [NRS 427A.032](#) and the Nevada Commission on Services for Persons with Disabilities created by [NRS 427A.1211](#) a report on the funding plan submitted to the Chief of the Budget Division of the Office of Finance pursuant to paragraph (n).

2. The Department may take such other actions as are necessary to carry out its duties.

3. To make the allocations required by paragraph (d) of subsection 1, the Aging and Disability Services Division of the Department shall:

(a) Prioritize and quantify the needs of senior citizens and other specified persons for these programs;

(b) Develop, solicit and accept grant applications for allocations;

(c) As appropriate, expand or augment existing state programs for senior citizens and other specified persons upon approval of the Interim Finance Committee;

(d) Award grants, contracts or other allocations;

(e) Conduct annual evaluations of programs to which grants or other allocations have been awarded; and

(f) Submit annual reports concerning the allocations made by the Aging and Disability Services Division pursuant to paragraph (d) of subsection 1 to the Governor, the Interim Finance Committee, the Joint Interim Standing Committee on Health and Human Services and any other committees or commissions the Director deems appropriate.

4. The Aging and Disability Services Division of the Department shall submit each proposed grant or contract which would be used to expand or augment an existing state program to the Interim Finance Committee for approval before the grant or contract is awarded. The request for approval must include a description of the proposed use of the money and the person or entity that would be authorized to expend the money. The Aging and Disability Services Division of the Department shall not expend or transfer any money allocated to the Aging and Disability Services Division pursuant to this section to subsidize any portion of the cost of providing prescription drugs, pharmaceutical services and other benefits, including, without limitation, dental and vision benefits and hearing aids or other devices that enhance the ability to hear pursuant to paragraph (c) of subsection 1.

5. A veteran may receive benefits or other services which are available from the money allocated pursuant to this section for senior citizens or persons with disabilities to the extent that the veteran does not receive other benefits or services provided to veterans for the same purpose if the veteran qualifies for the benefits or services as a senior citizen or a person with a disability, or both.

6. On or before June 30 of each even-numbered year, the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities each shall submit to the Director a report that includes, without limitation, recommendations regarding community needs and priorities that are determined by each such entity after any public hearings held by the entity.

(Added to NRS by [1999, 2758](#); A [2001, 2671](#); [2003, 330, 1749](#); [2005, 366, 919, 1256, 1330, 1571, 2048, 2051](#); [2007, 2338](#); [2009, 875](#); [2011, 2869](#); [2013, 154](#); [2019, 3113](#); [2021, 65](#); [2023, 217, 1717](#))

HEALTH AND SAFETY OF PATIENTS AT CERTAIN HEALTH FACILITIES

NRS 439.800 Definitions. As used in [NRS 439.800](#) to [439.890](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.802](#) to [439.830](#), inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by [2002 Special Session, 13](#); A [2005, 599](#); [2009, 552, 3068](#); [2011, 679, 1583](#); [2019, 1666](#))

NRS 439.802 “Facility-acquired infection” defined. “Facility-acquired infection” means a localized or systemic condition which results from an adverse reaction to the presence of an infectious agent or its toxins and which was not detected as present or incubating at the time a patient was admitted to a medical facility, including, without limitation:

1. Surgical site infections;
2. Ventilator-associated pneumonia;
3. Central line-related bloodstream infections;
4. Urinary tract infections; and
5. Other categories of infections as may be established by the State Board of Health by regulation pursuant to [NRS 439.890](#).

(Added to NRS by [2005, 599](#); A [2009, 553](#))

NRS 439.803 “Health facility” defined. “Health facility” means:

1. Any facility licensed by the Health Care Purchasing and Compliance Division pursuant to [chapter 449](#) of NRS; and
2. A home operated by:
 - (a) A provider of community-based living arrangement services, as defined in [NRS 449.0026](#); or
 - (b) A provider of rehabilitative residential mental health care, as defined in [NRS 449.0168](#).

(Added to NRS by [2019, 1666](#); A [2025, 3161, 3682](#))

NRS 439.805 “Medical facility” defined. “Medical facility” means:

1. A hospital, as that term is defined in [NRS 449.012](#) and [449.0151](#);
2. A freestanding birthing center, as that term is defined in [NRS 449.0065](#);
3. A surgical center for ambulatory patients, as that term is defined in [NRS 449.0151](#) and [449.019](#); and
4. An independent center for emergency medical care, as that term is defined in [NRS 449.013](#) and [449.0151](#).

(Added to NRS by [2002 Special Session, 13](#); A [2021, 3428](#))

NRS 439.810 “Patient” defined. “Patient” means a person who:

1. Is admitted to a health facility for the purpose of receiving treatment;
2. Resides in a health facility; or
3. Receives treatment from a provider of health care.

(Added to NRS by [2002 Special Session, 13](#); A [2019, 1666](#))

NRS 439.815 “Patient safety officer” defined. “Patient safety officer” means a person who is designated as such by a health facility pursuant to [NRS 439.870](#).

(Added to NRS by [2002 Special Session, 13](#); A [2019, 1666](#))

NRS 439.820 “Provider of health care” defined. “Provider of health care” means a person who is licensed, certified or otherwise authorized by the laws of this state to administer

health care in the ordinary course of the business or practice of a profession.

(Added to NRS by [2002 Special Session, 13](#))

NRS 439.830 “Sentinel event” defined.

1. Except as otherwise provided in subsection 2, “sentinel event” means:

(a) An event included in Appendix A of “Serious Reportable Events in Healthcare--2011 Update: A Consensus Report,” published by the National Quality Forum; or

(b) Any death that occurs in a health facility.

2. If the publication described in subsection 1 is revised, the term “sentinel events” includes, without limitation, the events included on the most current version of the list of serious reportable events published by the National Quality Forum as it exists on the effective date of the revision which is deemed to be:

(a) January 1 of the year following the publication of the revision if the revision is published on or after January 1 but before July 1 of the year in which the revision is published; or

(b) July 1 of the year following the publication of the revision if the revision is published on or after July 1 of the year in which the revision is published but before January 1 of the year after the revision is published.

3. If the National Quality Forum ceases to exist, the most current version of the list shall be deemed to be the last version of the publication in existence before the National Quality Forum ceased to exist.

(Added to NRS by [2002 Special Session, 13](#); A [2005, 599](#); [2013, 217](#); [2019, 1666](#))

NRS 439.835 Mandatory reporting of sentinel events.

1. Except as otherwise provided in subsection 2:

(a) A person who is employed by a health facility shall, within 24 hours after becoming aware of a sentinel event that occurred at the health facility, notify the patient safety officer of the facility of the sentinel event; and

(b) The patient safety officer shall, within 13 days after receiving notification pursuant to paragraph (a), report the date, the time and a brief description of the sentinel event to:

(1) The Health Care Purchasing and Compliance Division; and

(2) The representative designated pursuant to [NRS 439.855](#), if that person is different from the patient safety officer.

2. If the patient safety officer of a health facility personally discovers or becomes aware, in the absence of notification by another employee, of a sentinel event that occurred at the health facility, the patient safety officer shall, within 14 days after discovering or becoming aware of the sentinel event, report the date, time and brief description of the sentinel event to:

(a) The Health Care Purchasing and Compliance Division; and

(b) The representative designated pursuant to [NRS 439.855](#), if that person is different from the patient safety officer.

3. The State Board of Health shall prescribe the manner in which reports of sentinel events must be made pursuant to this section.

(Added to NRS by [2002 Special Session, 13](#); A [2009, 553](#); [2019, 1667](#); [2025, 3682](#))

NRS 439.837 Mandatory investigation of sentinel event by health facility; exceptions.

1. Except as otherwise provided in subsections 2 and 3, a health facility shall, upon reporting a sentinel event pursuant to [NRS 439.835](#), conduct an investigation or cause an investigation to be conducted concerning the causes or contributing factors, or both, of the

sentinel event and implement a plan to remedy the causes or contributing factors, or both, of the sentinel event.

2. A health facility is not required to take the actions described in subsection 1 concerning a death confirmed to have resulted from natural causes.

3. A residential facility for groups, home for individual residential care or facility for hospice care is not required to take the actions described in subsection 1 concerning a death that appears to have resulted from natural causes.

4. As used in this section:

(a) "Facility for hospice care" has the meaning ascribed to it in [NRS 449.0033](#).

(b) "Home for individual residential care" has the meaning ascribed to it in [NRS 449.0105](#).

(c) "Residential facility for groups" has the meaning ascribed to it in [NRS 449.017](#).

(Added to NRS by [2009, 3068](#); A [2019, 1667](#))

NRS 439.840 Reports of sentinel events: Duties of Health Care Purchasing and Compliance Division; confidentiality.

1. The Health Care Purchasing and Compliance Division shall:

(a) Collect and maintain reports received pursuant to [NRS 439.835](#) and [439.843](#) and any additional information requested by the Health Care Purchasing and Compliance Division pursuant to [NRS 439.841](#);

(b) Ensure that such reports, and any additional documents created from such reports, are protected adequately from fire, theft, loss, destruction and other hazards and from unauthorized access;

(c) Annually prepare a report of sentinel events reported pursuant to [NRS 439.835](#) by a health facility, including, without limitation, the type of event, the number of events, the rate of occurrence of events, and the health facility which reported the event, and provide the report for inclusion on the Internet website maintained by the Authority pursuant to [NRS 439A.270](#); and

(d) Annually prepare a summary of the reports received pursuant to [NRS 439.835](#) and provide a summary for inclusion on the Internet website maintained by the Authority pursuant to [NRS 439A.270](#). The Health Care Purchasing and Compliance Division shall maintain the confidentiality of the patient, the provider of health care or other member of the staff of the health facility identified in the reports submitted pursuant to [NRS 439.835](#) when preparing the annual summary pursuant to this paragraph.

2. Except as otherwise provided in this section and [NRS 239.0115](#), reports received pursuant to [NRS 439.835](#) and subsection 1 of [NRS 439.843](#) and any additional information requested by the Health Care Purchasing and Compliance Division pursuant to [NRS 439.841](#) are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

3. The report prepared pursuant to paragraph (c) of subsection 1 must provide to the public information concerning each health facility which reported a sentinel event during the immediately preceding calendar year and must:

(a) Be presented in a manner that allows a person to view and compare the information for the health facilities;

(b) Be readily accessible and understandable by a member of the general public;

(c) Use standard statistical methodology, including without limitation, risk-adjusted methodology when applicable, and include the description of the methodology and data limitations contained in the report;

(d) Not identify a patient, provider of health care or other member of the staff of the health facility; and

(e) Not be reported for a health facility if reporting the data would risk identifying a patient.

(Added to NRS by [2002 Special Session, 14](#); A [2007, 2107](#); [2009, 553, 3068](#); [2011, 836, 1799](#); [2019, 1668](#); [2025, 3683](#))

NRS 439.841 Authority of Health Care Purchasing and Compliance Division to request additional information or to conduct audit or investigation; report of findings; payment of costs.

1. Upon receipt of a report pursuant to [NRS 439.835](#), the Health Care Purchasing and Compliance Division may, as often as deemed necessary by the Administrator of the Health Care Purchasing and Compliance Division to protect the health and safety of the public, request additional information regarding the sentinel event or conduct an audit or investigation of the health facility.

2. A health facility shall provide to the Health Care Purchasing and Compliance Division any information requested in furtherance of a request for information, an audit or an investigation pursuant to this section.

3. If the Health Care Purchasing and Compliance Division conducts an audit or investigation pursuant to this section, the Health Care Purchasing and Compliance Division shall, within 30 days after completing such an audit or investigation, report its findings to the State Board of Health.

4. A health facility which is audited or investigated pursuant to this section shall pay to the Health Care Purchasing and Compliance Division the actual cost of conducting the audit or investigation.

(Added to NRS by [2009, 552](#); A [2019, 1669](#); [2025, 3683](#))

NRS 439.843 Annual summaries of reports of sentinel events; compilation by Health Care Purchasing and Compliance Division; confidentiality; posting of patient safety plans by Authority on Internet website.

1. On or before March 1 of each year, each health facility shall provide to the Health Care Purchasing and Compliance Division, in the form prescribed by the State Board of Health, a summary of the reports submitted by the health facility pursuant to [NRS 439.835](#) during the immediately preceding calendar year. The summary must include, without limitation:

(a) The total number and types of sentinel events reported by the health facility, if any;

(b) For a medical facility:

(1) A copy of the most current patient safety plan established pursuant to [NRS 439.865](#); and

(2) A summary of the membership and activities of the patient safety committee established pursuant to [NRS 439.875](#); and

(c) Any other information required by the State Board of Health concerning the reports submitted by the health facility pursuant to [NRS 439.835](#).

2. On or before June 1 of each year, the Health Care Purchasing and Compliance Division shall submit to the State Board of Health an annual summary of the reports and information received by the Health Care Purchasing and Compliance Division pursuant to this section. The annual summary must include, without limitation, a compilation of the information submitted pursuant to subsection 1 and any other pertinent information deemed necessary by the State Board of Health concerning the reports submitted by the health facility pursuant to [NRS 439.835](#). The Health Care Purchasing and Compliance Division shall maintain the confidentiality of the patient, the provider of health care or other member of the staff of the health facility identified in the reports submitted pursuant to [NRS 439.835](#) and any other identifying information of a person requested by the State Board of Health concerning those reports when preparing the annual summary pursuant to this section.

3. The Authority shall post on the Internet website maintained pursuant to [NRS 439A.270](#) or any other website maintained by the Authority a copy of the most current patient safety plan submitted by each health facility pursuant to subsection 1.

(Added to NRS by [2009, 551](#); A [2011, 1583](#), [1800](#); [2019, 1669](#); [2025, 3684](#))

NRS 439.845 Analysis and reporting of trends regarding sentinel events; treatment of certain information regarding corrective action by health facility.

1. The Health Care Purchasing and Compliance Division shall analyze and report trends regarding sentinel events.

2. When the Health Care Purchasing and Compliance Division receives notice from a health facility that the health facility has taken corrective action to remedy the causes or contributing factors, or both, of a sentinel event, the Health Care Purchasing and Compliance Division shall:

(a) Make a record of the information;

(b) Ensure that the information is released in a manner so as not to reveal the identity of a specific patient, provider of health care or member of the staff of the facility; and

(c) At least quarterly, report its findings regarding the analysis of trends of sentinel events on the Internet website maintained by the Authority pursuant to [NRS 439A.270](#).

(Added to NRS by [2002 Special Session, 14](#); A [2009, 3069](#); [2011, 1800](#); [2019, 1669](#); [2025, 3684](#))

NRS 439.847 Participation in surveillance system by medical facilities and facilities for skilled nursing; access, analysis and reporting of information submitted to surveillance system by Health Care Purchasing and Compliance Division; regulations.

1. Each medical facility and facility for skilled nursing which provided medical services and care to an average of 25 or more patients during each business day in the immediately preceding calendar year shall, within 120 days after becoming eligible, participate in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems. As part of that participation, the medical facility or facility for skilled nursing shall provide, at a minimum, the information required by the Health Care Purchasing and Compliance Division pursuant to this subsection. The Health Care Purchasing and Compliance Division shall by regulation prescribe the information which must be provided by a medical facility or facility for skilled nursing, including, without limitation, information relating to infections and procedures.

2. Each medical facility or facility for skilled nursing which provided medical services and care to an average of less than 25 patients during each business day in the immediately preceding calendar year may participate in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems.

3. A medical facility or facility for skilled nursing that participates in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion shall:

(a) Authorize the Health Care Purchasing and Compliance Division to access all information submitted to the system by:

(1) A medical facility, on or after October 15, 2010; and

(2) A facility for skilled nursing, on or after January 1, 2012; and

(b) Provide consent for the Health Care Purchasing and Compliance Division to prepare and post reports pursuant to paragraph (b) of subsection 4, including without limitation,

permission to identify the medical facility or facility for skilled nursing that is the subject of each report:

- (1) For a medical facility, on or after October 15, 2010; and
- (2) For a facility for skilled nursing, on or after January 1, 2012.

4. The Health Care Purchasing and Compliance Division:

(a) Shall analyze the information submitted to the system by medical facilities and facilities for skilled nursing pursuant to this section and recommend regulations and legislation relating to the reporting required pursuant to [NRS 439.800](#) to [439.890](#), inclusive.

(b) Shall annually prepare a report of the information submitted to the system by each medical facility and each facility for skilled nursing pursuant to this section and provide the reports for inclusion on the Internet website maintained by the Authority pursuant to [NRS 439A.270](#). The information must be reported in a manner that allows a person to compare the information for the medical facilities and for the facilities for skilled nursing and expressed as a total number and a rate of occurrence.

(c) Shall enter into an agreement with the Division of Healthcare Quality Promotion to carry out the provisions of this section.

5. As used in this section, "facility for skilled nursing" has the meaning ascribed to it in [NRS 449.0039](#).

(Added to NRS by [2009, 3068](#); A [2011, 837, 1801, 2125](#); [2025, 3685](#))

NRS 439.855 Notification of patients involved in sentinel events.

1. Each health facility that is located within this state shall designate a representative for the notification of patients who have been involved in sentinel events at that health facility.

2. A representative designated pursuant to subsection 1 shall, not later than 7 days after discovering or becoming aware of a sentinel event that occurred at the health facility, provide notice of that fact to each patient who was involved in that sentinel event.

3. The provision of notice to a patient pursuant to subsection 2 must not, in any action or proceeding, be considered an acknowledgment or admission of liability.

4. A representative designated pursuant to subsection 1 may or may not be the same person who serves as the facility's patient safety officer.

(Added to NRS by [2002 Special Session, 14](#); A [2019, 1670](#))

NRS 439.856 Provision of certain information relating to facility-acquired infections to patients.

1. A medical facility shall:

(a) Provide to each patient of the medical facility, upon admission of the patient, the general and facility-specific information relating to facility-acquired infections required by subsection 2.

(b) Post in publicly accessible areas of the medical facility information on reporting facility-acquired infections, including, without limitation, the contact information for making reports to the Health Care Purchasing and Compliance Division. Such information may be added to other required notices concerning the making of reports to the Health Care Purchasing and Compliance Division.

2. The information provided to each patient pursuant to paragraph (a) of subsection 1 must include, without limitation:

(a) The measures used by the medical facility for preventing infections, including facility-acquired infections;

(b) Information on determining whether a patient had an infection upon admission to the medical facility, risk factors for acquiring infections and determining whether an infection has been acquired;

(c) Information on preventing facility-acquired infections;

(d) Instructions for reporting facility-acquired infections, including, without limitation, the contact information for making reports to the Health Care Purchasing and Compliance Division; and

(e) Any other information that the medical facility deems necessary.

(Added to NRS by [2011, 1580](#); A [2025, 3686](#))

NRS 439.857 Procedure for informing patient, legal guardian or other person that patient at medical facility has infection; immunity from liability for providing certain information.

1. Except as otherwise provided in subsection 2, when a provider of health care confirms that a patient at the medical facility has an infection, the provider of health care or the designee of the provider of health care shall, as soon as practicable but not later than 5 days after the diagnosis is confirmed, inform the patient or the legal guardian or other person authorized by the patient to receive such information that the patient has an infection.

2. The provider of health care or the designee of the provider of health care may delay providing information about an infection if the patient does not have a legal guardian, has not authorized any other person to receive such information and:

(a) Is not capable of understanding the information;

(b) Is not conscious; or

(c) In the judgment of the provider of health care, is likely to harm himself or herself if informed about the infection.

3. If the provider of health care or the designee of the provider of health care delays providing information about an infection pursuant to subsection 2, such information must be provided as soon as practicable after:

(a) The patient is capable of understanding the information;

(b) The patient regains consciousness;

(c) In the judgment of the provider of health care, the patient is not likely to harm himself or herself if informed about the infection; or

(d) A legal guardian or other person authorized to receive such information is available.

4. A medical facility shall ensure that the providers of health care of the medical facility establish protocols in accordance with this section that provide the manner in which a provider of health care or his or her designee must:

(a) Inform a patient or the legal guardian or other person authorized by a patient to receive such information that the patient has an infection; and

(b) If known or determined while a patient remains at the medical facility, inform the patient or the legal guardian or other person authorized by the patient to receive such information whether the infection was acquired at the medical facility and of the apparent source of the infection.

5. A person or governmental entity who, with reasonable care, informs a patient or the legal guardian or other person authorized by the patient to receive such information that an infection was not acquired at the medical facility and of the apparent source of the infection pursuant to subsection 4 is immune from any criminal or civil liability for providing that information.

(Added to NRS by [2011, 1581](#))

NRS 439.860 Inadmissibility of certain information in administrative or legal proceeding. Any report, document and any other information compiled or disseminated pursuant to the provisions of [NRS 439.800](#) to [439.890](#), inclusive, is not admissible in evidence in any administrative or legal proceeding conducted in this State.

(Added to NRS by [2002 Special Session, 15](#); A [2005, 600](#); [2011, 679](#); [2019, 1670](#))

NRS 439.865 Patient safety plan: Development; inclusion of infection control program to prevent and control infections; approval; notice; compliance; annual review and update.

1. Each medical facility that is located within this state shall develop, in consultation with the providers of health care who provide treatment to patients at the medical facility, an internal patient safety plan to improve the health and safety of patients who are treated at that medical facility.

2. The patient safety plan must include, without limitation:

(a) The patient safety checklists and patient safety policies most recently adopted pursuant to [NRS 439.877](#).

(b) An infection control program to prevent and control infections within the medical facility. To carry out the program, the medical facility shall adopt an infection control policy. The policy must consist of:

(1) The current guidelines appropriate for the facility's scope of service developed by a nationally recognized infection control organization as approved by the State Board of Health which may include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization and the Society for Healthcare Epidemiology of America; and

(2) Facility-specific infection control developed under the supervision of a certified infection preventionist.

3. The program to prevent and control infections within the medical facility must provide for the designation of a person who is responsible for infection control when the infection control officer is absent to ensure that someone is responsible for infection control at all times.

4. A medical facility shall submit its patient safety plan to the governing board of the medical facility for approval in accordance with the requirements of this section.

5. After a medical facility's patient safety plan is approved, the medical facility shall notify all providers of health care who provide treatment to patients at the medical facility of the existence of the plan and of the requirements of the plan. A medical facility shall require compliance with its patient safety plan.

6. The patient safety plan must be reviewed and updated annually in accordance with the requirements for approval set forth in this section.

(Added to NRS by [2002 Special Session, 15](#); A [2011, 679, 1583](#))

NRS 439.870 Patient safety officer: Designation; duties.

1. A health facility shall designate an officer or employee of the facility to serve as the patient safety officer of the health facility.

2. The person who is designated as the patient safety officer of a health facility shall:

(a) Supervise the reporting of all sentinel events alleged to have occurred at the health facility, including, without limitation, performing the duties required pursuant to [NRS 439.835](#).

(b) Take such action as he or she determines to be necessary to ensure the safety of patients as a result of an investigation of any sentinel event alleged to have occurred at the health facility.

(c) If the health facility is a medical facility:

(1) Serve on the patient safety committee of the medical facility established pursuant to [NRS 439.875](#); and

(2) Report to the patient safety committee regarding any action taken in accordance with paragraph (b).

(Added to NRS by [2002 Special Session, 15](#); A [2019, 1670](#))

NRS 439.873 Designation, duties and qualifications of infection control officer; required ratio of patients to employees with certain training in infection control; Health Care Purchasing and Compliance Division to provide education and technical assistance.

1. A medical facility shall designate an officer or employee of the facility to serve as the infection control officer of the medical facility.

2. The person who is designated as the infection control officer of a medical facility:

(a) Shall serve on the patient safety committee.

(b) Shall monitor the occurrences of infections at the medical facility to determine the number and severity of infections.

(c) Shall report to the patient safety committee concerning the number and severity of infections at the medical facility.

(d) Shall take such action as he or she determines is necessary to prevent and control infections alleged to have occurred at the medical facility.

(e) Shall carry out the provisions of the infection control program adopted pursuant to [NRS 439.865](#) and ensure compliance with the program.

3. If a medical facility has 175 or more beds, the person who is designated as the infection control officer of the medical facility must be certified as an infection preventionist by the Certification Board of Infection Control and Epidemiology, Inc., or a successor organization. A person may serve as the certified infection preventionist for more than one medical facility if the facilities have common ownership.

4. A medical facility that designates an infection control officer who is not a certified infection preventionist must ensure that the person has successfully completed a nationally recognized basic training program in infection control, which may include, without limitation, the program offered by the Association for Professionals in Infection Control and Epidemiology, Inc., or a successor organization. A medical facility shall ensure that an infection control officer completes at least 4 hours of continuing education each year on topics relating to current practices in infection control and prevention.

5. A medical facility shall ensure that it maintains a ratio of at least one employee who has the training described in subsection 4 for every 100 occupied beds. The number of beds must be determined based upon the most recent annual calendar-year average reported by the medical facility to the Director of the Authority pursuant to [NRS 449.490](#) and the regulations adopted pursuant thereto.

6. A medical facility shall maintain records concerning the certification and training required by this section.

7. The Health Care Purchasing and Compliance Division shall provide education and technical assistance relating to infection control and prevention in medical facilities.

(Added to NRS by [2011, 1582](#); A [2025, 3686](#))

NRS 439.875 Patient safety committee: Establishment; composition; meetings; duties; proceedings and records are privileged.

1. A medical facility shall establish a patient safety committee.

2. Except as otherwise provided in subsection 3:

(a) A patient safety committee established pursuant to subsection 1 must be composed of:

(1) The infection control officer of the medical facility.

(2) The patient safety officer of the medical facility, if he or she is not designated as the infection control officer of the medical facility.

(3) At least three providers of health care who treat patients at the medical facility, including, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility.

(4) One member of the executive or governing body of the medical facility.

(b) A patient safety committee shall meet at least once each month.

3. The Administrator of the Health Care Purchasing and Compliance Division shall adopt regulations prescribing the composition and frequency of meetings of patient safety committees at medical facilities having fewer than 25 employees and contractors.

4. A patient safety committee shall:

(a) Receive reports from the patient safety officer pursuant to [NRS 439.870](#).

(b) Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.

(c) Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.

(d) Review and evaluate the quality of measures carried out by the medical facility to prevent and control infections at the medical facility.

(e) Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events and infections that occur at the medical facility.

(f) At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:

(1) The number of sentinel events that occurred at the medical facility during the preceding calendar quarter;

(2) The number and severity of infections that occurred at the medical facility during the preceding calendar quarter; and

(3) Any recommendations to reduce the number and severity of sentinel events and infections that occur at the medical facility.

(g) Adopt patient safety checklists and patient safety policies as required by [NRS 439.877](#), review the checklists and policies annually and revise the checklists and policies as the patient safety committee determines necessary.

5. The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as the proceedings and records described in [NRS 49.265](#).

(Added to NRS by [2002 Special Session, 15](#); A [2011, 679, 1584](#); [2025, 3687](#))

NRS 439.877 Patient safety checklists and patient safety policies: Adoption by patient safety committee; required provisions; duties of patient safety committee.

1. The patient safety committee established pursuant to [NRS 439.875](#) by a medical facility shall adopt patient safety checklists and patient safety policies for use by:

(a) Providers of health care who provide treatment to patients at the medical facility;

(b) Other personnel of the medical facility who provide treatment or assistance to patients;

(c) Employees of the medical facility who do not provide treatment to patients but whose duties affect the health or welfare of the patients at the facility, including, without limitation, a janitor of the medical facility; and

(d) Persons with whom the medical facility enters into a contract to provide treatment to patients or to provide services which may affect the health or welfare of patients at the facility.

2. The patient safety checklists adopted pursuant to subsection 1 must follow protocols to improve the health outcomes of patients at the medical facility and must include, without limitation:

(a) Checklists related to specific types of treatment. Such checklists must include, without limitation, a requirement to document that the treatment provided was properly ordered by the provider of health care.

(b) Checklists for ensuring that employees of the medical facility and contractors with the medical facility who are not providers of health care follow protocols to ensure that the room and environment of the patient is sanitary.

(c) A checklist to be used when discharging a patient from the facility which includes, without limitation, verifying that the patient received:

- (1) Proper instructions concerning prescription medications;
- (2) Instructions concerning aftercare; and
- (3) Any other instructions concerning his or her care upon discharge.

(d) Any other checklists which may be appropriate to ensure the safety of patients at the medical facility.

3. The patient safety policies adopted pursuant to subsection 1 must include, without limitation:

(a) A policy for appropriately identifying a patient before providing treatment. Such a policy must require the patient to be identified with at least two personal identifiers before each interaction with a provider of health care. The personal identifiers may include, without limitation, the name and date of birth of the patient.

(b) A policy regarding the nationally recognized standard precautionary protocols to be observed by providers of health care at the medical facility including, without limitation, protocols relating to hand hygiene.

(c) A policy to ensure compliance with the patient safety checklists and patient safety policies adopted pursuant to this section, which may include, without limitation, active surveillance. Active surveillance may include, without limitation, a system for reporting violations, peer-to-peer communication, video monitoring and audits of sanitation materials.

4. The patient safety committee shall:

(a) Monitor and document the effectiveness of the patient identification policy adopted pursuant to paragraph (a) of subsection 3.

(b) At least annually, review the patient safety checklists and patient safety policies adopted pursuant to this section and consider any additional patient safety checklists and patient safety policies that may be appropriate for adoption for use at the medical facility.

(c) Revise a patient safety checklist and patient safety policy adopted pursuant to this section as necessary to ensure that the checklist or policy, as applicable, reflects the most current standards in patient safety protocols.

(d) On or before July 1 of each year, submit a report to the Director of the Legislative Counsel Bureau for transmittal to the Joint Interim Standing Committee on Health and Human Services. The report must include information regarding the development, revision and usage of the patient safety checklists and patient safety policies and a summary of the annual review conducted pursuant to paragraph (b).

(Added to NRS by [2011, 677](#))

NRS 439.880 Immunity from criminal and civil liability. No person is subject to any criminal penalty or civil liability for libel, slander or any similar cause of action in tort if the person, without malice:

1. Reports a sentinel event to a governmental entity with jurisdiction or another appropriate authority;

2. Notifies a governmental entity with jurisdiction or another appropriate authority of a sentinel event;

3. Transmits information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority;

4. Compiles, prepares or disseminates information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority; or

5. Performs any other act authorized pursuant to [NRS 439.800](#) to [439.890](#), inclusive.

(Added to NRS by [2002 Special Session, 16](#); A [2005, 600](#); [2011, 680](#); [2019, 1670](#))

NRS 439.885 Violation by health facility: Administrative sanction prohibited when voluntarily reported; administrative sanction imposed when not voluntarily reported; appeal of imposition of sanction; accounting and expenditure of money.

1. If a health facility:

(a) Commits a violation of any provision of [NRS 439.800](#) to [439.890](#), inclusive, or for any violation for which an administrative sanction pursuant to [NRS 449.163](#) would otherwise be applicable; and

(b) Of its own volition, reports the violation to the Administrator of the Health Care Purchasing and Compliance Division,

↪ such a violation must not be used as the basis for imposing an administrative sanction pursuant to [NRS 449.163](#).

2. If a health facility commits a violation of any provision of [NRS 439.800](#) to [439.890](#), inclusive, and does not, of its own volition, report the violation to the Administrator of the Health Care Purchasing and Compliance Division, the Health Care Purchasing and Compliance Division may, in accordance with the provisions of subsection 3, impose an administrative sanction:

(a) For failure to report a sentinel event, in an amount not to exceed \$100 per day for each day after the date on which the sentinel event was required to be reported pursuant to [NRS 439.835](#);

(b) For failure to adopt and implement a patient safety plan pursuant to [NRS 439.865](#), in an amount not to exceed \$1,000 for each month in which a patient safety plan was not in effect; and

(c) For failure to establish a patient safety committee or failure of such a committee to meet pursuant to the requirements of [NRS 439.875](#), in an amount not to exceed \$2,000 for each violation of that section.

3. Before the Health Care Purchasing and Compliance Division imposes an administrative sanction pursuant to subsection 2, the Health Care Purchasing and Compliance Division shall provide the health facility with reasonable notice. The notice must contain the legal authority, jurisdiction and reasons for the action to be taken. If a health facility wants to contest the action, the facility may file an appeal pursuant to the regulations of the State Board of Health adopted pursuant to [NRS 449.165](#) and [449.170](#). Upon receiving notice of an appeal, the Health Care Purchasing and Compliance Division shall hold a hearing in accordance with those regulations.

4. An administrative sanction collected pursuant to this section must be accounted for separately and used by the Health Care Purchasing and Compliance Division to provide training and education to employees of the Health Care Purchasing and Compliance Division, employees of health facilities and members of the general public regarding issues relating to the provision of quality and safe health care.

(Added to NRS by [2002 Special Session, 16](#); A [2005, 600](#); [2009, 554](#); [2011, 680](#); [2013, 3042](#); [2019, 1671](#); [2025, 3688](#))

NRS 439.890 Adoption of regulations. The State Board of Health shall adopt such regulations as the Board determines to be necessary or advisable to carry out the provisions of [NRS 439.800](#) to [439.890](#), inclusive.

(Added to NRS by [2002 Special Session, 16](#); A [2005, 600](#); [2009, 554](#); [2011, 681](#))

PATIENT PROTECTION COMMISSION

NRS 439.902 Definitions. As used in [NRS 439.902](#) to [439.918](#), inclusive, the words and terms defined in [NRS 439.904](#) and [439.906](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2019, 2810](#))

NRS 439.904 “Commission” defined. “Commission” means the Patient Protection Commission created by [NRS 439.908](#).

(Added to NRS by [2019, 2810](#))

NRS 439.906 “Provider of health care” defined. “Provider of health care” has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2019, 2810](#))

NRS 439.908 Creation; membership; compensation; terms and removal of members; vacancies; Chair; quorum; compliance with ethics requirements.

1. The Patient Protection Commission is hereby created within the Consumer Health Division of the Authority. The Commission consists of:

(a) The following 12 voting members appointed by the Director of the Authority, subject to the approval of the Governor:

(1) Two members who are persons with expertise and experience in advocating on behalf of patients.

(2) One member who is a provider of health care who operates a for-profit business to provide health care.

(3) One member who is a registered nurse who practices primarily at a nonprofit hospital.

(4) One member who is a physician or registered nurse who practices primarily at a federally-qualified health center, as defined in 42 U.S.C. § 1396d(l)(2)(B).

(5) One member who is a pharmacist at a pharmacy not affiliated with any chain of pharmacies or a person who has expertise and experience in advocating on behalf of patients.

(6) One member who represents a nonprofit public hospital that is located in the county of this State that spends the largest amount of money on hospital care for indigent persons pursuant to [chapter 428](#) of NRS.

(7) One member who represents the private nonprofit health insurer with the highest percentage of insureds in this State who are adversely impacted by social determinants of health.

(8) One member who has expertise and experience in advocating for persons who are not covered by a policy of health insurance.

(9) One member who has expertise and experience in advocating for persons with special health care needs and has education and experience in health care.

(10) One member who is an employee or a consultant of the Authority with expertise in health information technology and patient access to medical records.

(11) One member who is a representative of the general public.

(b) The Director of the Authority, the Commissioner of Insurance, the Executive Director of the Silver State Health Insurance Exchange and the Executive Officer of the Public Employees’ Benefits Program or his or her designee as ex officio, nonvoting members.

2. The Director of the Authority shall:

(a) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Majority Leader of the Senate;

(b) Appoint two of the voting members of the Commission described in paragraph (a) of subsection 1 from a list of persons nominated by the Speaker of the Assembly; and

(c) Ensure that the members appointed by the Director of the Authority to the Commission reflect the geographic diversity of this State.

3. Members of the Commission serve:

(a) At the pleasure of the Director of the Authority; and

(b) Without compensation or per diem but are entitled to receive reimbursement for travel expenses in the same amount provided for state officers and employees generally.

4. After the initial terms, the term of each voting member is 2 years, except that the Director of the Authority may remove a voting member at any time and for any reason. A member may be reappointed.

5. If a vacancy occurs during the term of a voting member, the Director of the Authority shall appoint a person similarly qualified to replace that member for the remainder of the unexpired term.

6. The Director of the Authority shall annually designate a voting member to serve as the Chair of the Commission.

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

8. The members of the Commission shall comply with the requirements of [NRS 281A.420](#) applicable to public officers generally.

(Added to NRS by [2019, 2810](#); A [2021, 555](#); [2025, 3689](#))

NRS 439.912 Meetings; bylaws; subcommittees and working groups; contracts; advice and technical assistance by state agencies, boards and commissions.

1. The Commission shall:

(a) Meet at the call of the Chair.

(b) Adopt bylaws that govern the operation of the Commission.

2. The Commission may:

(a) Establish subcommittees and working groups consisting of members of the Commission or other persons to assist the Commission in the performance of its duties. Each subcommittee expires 6 months after it is created but may be continued with approval of the Commission. Not more than six subcommittees may exist at any time.

(b) To the extent that money is available for this purpose, enter into contracts with consultants to assist the Commission in the performance of its duties.

3. Within the limits of available resources, state agencies, boards and commissions shall, upon the request of the Executive Director of the Commission, provide advice and technical assistance to the Commission.

(Added to NRS by [2019, 2811](#); A [2021, 557](#))

NRS 439.914 Appointment, qualifications and duties of Executive Director; authority to request information from state agencies.

1. The Director of the Authority shall, subject to the approval of the Governor, appoint the Executive Director of the Commission within the Authority. The Executive Director:

(a) Must have experience in health care or health insurance;

(b) Is in the unclassified service of the State; and

(c) Serves at the pleasure of the Director of the Authority.

2. The Executive Director shall:

(a) Perform the administrative duties of the Commission and such other duties as are directed by the Commission and the Director of the Authority or his or her designee; and

(b) To the extent that money is available for this purpose, appoint employees to assist the Executive Director in carrying out the duties prescribed in paragraph (a). Such employees serve at the pleasure of the Executive Director and are in the unclassified service of the State.

3. The Executive Director may request any information maintained by a state agency that is necessary for the performance of his or her duties, including, without limitation, information that is otherwise declared confidential by law. Except as otherwise provided in [NRS 598A.110](#), to the extent authorized by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, an agency from which such information is requested shall provide the information to the Executive Director.

4. The Executive Director:

(a) Shall maintain any information obtained pursuant to subsection 3 under the same conditions as the information is maintained by the agency that provided the information; and

(b) Except as otherwise provided in this paragraph, shall not disclose any confidential information obtained pursuant to subsection 3 to any other person or entity, including, without limitation, the Commission or a member thereof. The Executive Director may disclose or publish aggregated information in a manner that does not reveal the identity of any person.

(Added to NRS by [2019, 2811](#); A [2021, 314](#); [2025, 3690](#))

NRS 439.916 Systematic review of issues relating to health care; authority to request information from state and local governmental entities; hyperlink to data dashboard.

1. The Commission shall systematically review issues related to the health care needs of residents of this State and the quality, accessibility and affordability of health care, including, without limitation, prescription drugs, in this State. The review must include, without limitation:

(a) Comprehensively examining the system for regulating health care in this State, including, without limitation, the licensing and regulation of health care facilities and providers of health care and the role of professional licensing boards, commissions and other bodies established to regulate or evaluate policies related to health care.

(b) Identifying gaps and duplication in the roles of such boards, commissions and other bodies.

(c) Examining the cost of health care and the primary factors impacting those costs.

(d) Examining disparities in the quality and cost of health care between different groups, including, without limitation, minority groups and other distinct populations in this State.

(e) Reviewing the adequacy and types of providers of health care who participate in networks established by health carriers in this State and the geographic distribution of the providers of health care who participate in each such network.

(f) Reviewing the availability of health benefit plans, as defined in [NRS 687B.470](#), in this State.

(g) Reviewing the effect of any changes to Medicaid, including, without limitation, the expansion of Medicaid pursuant to the Patient Protection and Affordable Care Act, Public Law 111-148, on the cost and availability of health care and health insurance in this State.

(h) If a data dashboard is established pursuant to [NRS 439.245](#), using the data dashboard to review access by different groups and populations in this State to services provided through telehealth and evaluating policies to make such access more equitable.

(i) Reviewing proposed and enacted legislation, regulations and other changes to state and local policy related to health care in this State.

(j) Researching possible changes to state or local policy in this State that may improve the quality, accessibility or affordability of health care in this State, including, without limitation:

- (1) The use of purchasing pools to decrease the cost of health care;
- (2) Increasing transparency concerning the cost or provision of health care;
- (3) Regulatory measures designed to increase the accessibility and the quality of health care, regardless of geographic location or ability to pay;
- (4) Facilitating access to data concerning insurance claims for medical services to assist in the development of public policies;
- (5) Resolving problems relating to the billing of patients for medical services;
- (6) Leveraging the expenditure of money by the Medicaid program and reimbursement rates under Medicaid to increase the quality and accessibility of health care for low-income persons; and
- (7) Increasing access to health care for uninsured populations in this State, including, without limitation, retirees and children.

(k) Monitoring and evaluating proposed and enacted federal legislation and regulations and other proposed and actual changes to federal health care policy to determine the impact of such changes on the cost of health care in this State.

(l) Evaluating the degree to which the role, structure and duties of the Commission facilitate the oversight of the provision of health care in this State by the Commission and allow the Commission to perform activities necessary to promote the health care needs of residents of this State.

(m) Making recommendations to the Governor, the Legislature, the Department of Human Services, the Authority, local health authorities and any other person or governmental entity to increase the quality, accessibility and affordability of health care in this State, including, without limitation, recommendations concerning the items described in this subsection.

2. The Commission may request that any state or local governmental entity submit not more than two reports each year containing or analyzing information that is not confidential by law concerning the cost of health care, consolidation among entities that provide or pay for health care or other issues related to access to health care. To the extent that a governmental entity from which such a report is requested has the resources to compile the report and the disclosure of the information requested is authorized by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, the governmental entity shall provide the report to the Executive Director of the Commission and submit a copy of the report to the Attorney General.

3. If a data dashboard is established pursuant to [NRS 439.245](#), the Commission shall make available on an Internet website maintained by the Commission a hyperlink to the data dashboard.

4. As used in this section:

- (a) “Health carrier” has the meaning ascribed to it in [NRS 687B.625](#).
- (b) “Network” has the meaning ascribed to it in [NRS 687B.640](#).
- (c) “Telehealth” has the meaning ascribed to it in [NRS 629.515](#).

(Added to NRS by [2019, 2812](#); A [2021, 3005, 3049](#); [2025, 3691](#))

NRS 439.918 Duties; reports.

1. In addition to conducting the review described in [NRS 439.916](#), the Commission shall:

(a) Attempt to identify and facilitate collaboration between existing state governmental entities that study or address issues relating to the quality, accessibility and affordability of health care in this State, including, without limitation, the regional behavioral health policy boards created by [NRS 433.429](#);

(b) Attempt to coordinate with such entities to reduce any duplication of efforts among and between those entities and the Commission;

(c) Establish, submit to the Director of the Authority and annually update a plan to increase access by patients to their medical records and provide for the interoperability of medical records between providers of health care in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and any other applicable federal law or regulations; and

(d) Make recommendations to the Director of the Authority and the Legislature concerning:

(1) The analysis and use of data to improve access to and the quality of health care in this State, including, without limitation, using data to establish priorities for addressing health care needs; and

(2) Ensuring that data concerning health care in this State is publicly available and transparent.

2. On or before January 1 and July 1 of each year, the Commission shall:

(a) Compile a report describing the meetings of the Commission and the activities of the Commission during the immediately preceding 6 months. The report must include, without limitation, a description of any issues identified as negatively impacting the quality, accessibility or affordability of health care in this State and any recommendations for legislation, regulations or other changes to policy or budgets to address those issues.

(b) Submit the report to the Governor and the Director of the Legislative Counsel Bureau for transmittal to:

(1) In January of odd-numbered years, the next regular session of the Legislature.

(2) In all other cases, to the Joint Interim Standing Committee on Health and Human Services.

3. Upon receiving a report pursuant to subsection 2, the Governor shall post the report on an Internet website maintained by the Governor.

4. The Commission may prepare and publish additional reports on specific topics at the direction of the Chair.

(Added to NRS by [2019, 2813](#); A [2021, 557](#); [2025, 3692](#))

WEBSITE FOR BACKGROUND INVESTIGATIONS

NRS 439.942 Establishment; requirements to become client; administrators; confidentiality; protection of information; maintenance.

1. The Division may establish a secure Internet website which makes certain information available for the Authority or a website client to conduct an investigation into the background and personal history of a person that is required pursuant to the provisions of this chapter or [chapter 62B](#), [63](#), [424](#), [427A](#), [432](#), [432A](#), [432B](#), [433](#), [433B](#), [435](#), [449](#) or [449B](#) of NRS.

2. To become a website client, a person or governmental entity must:

(a) Create an account on the Internet website;

(b) Comply with [NRS 439.942](#) to [439.948](#), inclusive, and any regulations adopted pursuant thereto governing use of the Internet website; and

(c) Designate a website client administrator who is responsible for:

(1) Determining the persons who are authorized to use the Internet website;

(2) Providing the Division with the names of the persons who are authorized to use the Internet website;

(3) Ensuring that only those authorized persons have access to the Internet website; and

(4) Notifying the Division of any change in the persons who are authorized to use the Internet website.

3. Authorized employees of the Division and of the Department of Public Safety may be designated to serve as administrators of the Internet website with access to all the data and information on the Internet website.

4. Except as otherwise provided in this section and [NRS 239.0115](#), information collected, maintained, stored, backed up or on file on the Internet website is confidential, not subject to subpoena or discovery and is not subject to inspection by the general public.

5. The Division shall ensure that any information collected, maintained and stored on the Internet website is protected adequately from fire, theft, loss, destruction, other hazards and unauthorized access, and is backed-up in a manner that ensures proper confidentiality and security.

6. The Internet website must be maintained in accordance with any requirements of the Governor's Technology Office within the Office of the Governor established for use of the equipment or services of the Office pursuant to [NRS 242.181](#).

(Added to NRS by [2013, 2886](#); A [2025, 955, 1964](#), 3963)

NRS 439.943 Authorized use; inclusion of relevant publicly available information.

1. A person authorized to use the Internet website established pursuant to [NRS 439.942](#) may access the website to search for information necessary to conduct an investigation of the background and personal history of a person when required. Such a search may include, without limitation, to the extent that the information is available:

(a) Determining whether the person being investigated has been convicted of a crime that disqualifies the person for employment, licensure or other privilege sought;

(b) Verifying the social security number, date of birth and driver's license or identification card number of the person being investigated;

(c) Determining whether any disciplinary action has been taken by a professional licensing board against the person being investigated; and

(d) Determining whether the person being investigated is included on the list of individuals who are excluded from participation in Medicare, Medicaid and other federal health care programs pursuant to 42 U.S.C. §§ 1320a-7 et seq.

2. The Internet website established pursuant to [NRS 439.942](#) may include, without limitation, any relevant information that is available to the public, including, without limitation, hyperlinks to relevant publicly available Internet websites and registries, forms and educational materials.

(Added to NRS by [2013, 2887](#))

NRS 439.944 Access authorized to enter information and manage information and account. A person authorized to use the Internet website established pursuant to [NRS 439.942](#) may access the website to:

1. Enter any required information;

2. Manage the information to which the person has access; and

3. Manage the account of the person.

(Added to NRS by [2013, 2887](#))

NRS 439.945 Division authorized to enter into cooperative agreements with certain state and federal agencies to obtain information for inclusion. The Division may enter into cooperative agreements to obtain and accept information for inclusion on the Internet website established pursuant to [NRS 439.942](#) from:

1. The Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child established pursuant to [NRS 432.100](#) and any similar registry

maintained by a governmental entity of any state or territory within the United States;

2. The Central Repository for Nevada Records of Criminal History or any similar repository maintained by a government agency of any state or territory within the United States; and

3. Any other state or federal agency which maintains a database, repository or registry which contains information the Division determines is necessary or appropriate for inclusion on the Internet website.

(Added to NRS by [2013, 2888](#))

NRS 439.946 Authorized collection, maintenance and storage of certain information on website.

1. In addition to any other information included on the Internet website established pursuant to [NRS 439.942](#), the Division may collect, maintain and store on the Internet website the following information relating to the background and personal history of a person:

(a) The first, middle and last name of the person, any aliases used by the person and, if available, a photograph of the person;

(b) The social security number, date of birth and, if available, the driver's license or identification card number of the person;

(c) Information regarding the criminal convictions of the person, if any;

(d) Any other information submitted pursuant to [NRS 439.945](#); and

(e) Any other information determined by the Division to be necessary or appropriate.

2. The information described in subsection 1 may be collected, stored and maintained electronically, in hard copy, in a database, through a secure interface from a state or federal governmental entity directly to the Internet website, or by any other means as the Division determines necessary or appropriate.

(Added to NRS by [2013, 2888](#))

NRS 439.947 Access to information.

1. When establishing permissions for a website client to access information on the Internet website established pursuant to [NRS 439.942](#), the Division shall determine the information necessary for the website client to conduct an investigation into the background and personal history of a person and limit access to the website client to only the information necessary for that website client.

2. Information regarding a person whose background and personal history is investigated must not be shared with any other website client.

3. A person who is authorized to use the Internet website by the website client administrator pursuant to [NRS 439.942](#) may be given permission to access any information deemed necessary pursuant to subsection 1.

4. The Authority or any division thereof may access information on the Internet website established pursuant to [NRS 439.942](#) without restriction, without becoming a website client pursuant to [NRS 439.942](#) and without paying any fee imposed pursuant to [NRS 439.948](#).

(Added to NRS by [2013, 2888](#); A [2025, 3694](#))

NRS 439.948 Fees; regulations. The Division may adopt regulations to:

1. Prescribe a fee to be imposed on website clients for use of the Internet website established pursuant to [NRS 439.942](#); and

2. Carry out the provisions of [NRS 439.942](#) to [439.948](#), inclusive.

(Added to NRS by [2013, 2888](#))

PUBLIC HEALTH EMERGENCIES AND OTHER HEALTH EVENTS

NRS 439.950 Definitions. As used in [NRS 439.950](#) to [439.983](#), inclusive, unless the context otherwise requires, the words and terms defined in [NRS 439.955](#), [439.960](#) and [439.965](#) have the meanings ascribed to them in those sections.

(Added to NRS by [2009,366](#))

NRS 439.955 “Emergency team” defined. “Emergency team” means an emergency team designated in an executive order of the Governor pursuant to [NRS 439.970](#) to respond to a public health emergency or other health event.

(Added to NRS by [2009,366](#))

NRS 439.960 “Health care facility” defined. “Health care facility” means any facility licensed pursuant to [chapter 449](#) of NRS.

(Added to NRS by [2009,366](#))

NRS 439.965 “Provider of health care” defined. “Provider of health care” has the meaning ascribed to it in [NRS 629.031](#).

(Added to NRS by [2009,367](#))

NRS 439.970 Determination of public health emergency or other health event; executive order of Governor; designation of emergency team; chair; Attorney General designated legal counsel to emergency team.

1. Except as otherwise provided in [chapter 414](#) of NRS, if a health authority identifies within its jurisdiction a public health emergency or other health event that is an immediate threat to the health and safety of the public in a health care facility or the office of a provider of health care, the health authority shall immediately transmit to the Governor a report of the immediate threat.

2. Upon receiving a report pursuant to subsection 1, the Governor shall determine whether a public health emergency or other health event exists that requires a coordinated response for the health and safety of the public. If the Governor determines that a public health emergency or other health event exists that requires such a coordinated response, the Governor shall issue an executive order:

(a) Stating the nature of the public health emergency or other health event;

(b) Stating the conditions that have brought about the public health emergency or other health event, including, without limitation, an identification of each health care facility or provider of health care, if any, related to the public health emergency or other health event;

(c) Stating the estimated duration of the immediate threat to the health and safety of the public; and

(d) Designating an emergency team comprised of:

(1) The Chief Medical Officer or a person appointed pursuant to subsection 5, as applicable; and

(2) Representatives of state agencies, divisions, boards and other entities, including, without limitation, professional licensing boards, with authority by statute to govern or regulate the health care facilities and providers of health care identified as being related to the public health emergency or other health event pursuant to paragraph (b).

3. If additional state agencies, divisions, boards or other entities are identified during the course of the response to the public health emergency or other health event as having authority regarding a health care facility or provider of health care that is related to the public health emergency or other health event, the Governor shall direct that agency, division, board or entity to appoint a representative to the emergency team.

4. The Chief Medical Officer or a person appointed pursuant to subsection 5, as applicable, is the chair of the emergency team.

5. If the Chief Medical Officer has a conflict of interest relating to a public health emergency or other health event or is otherwise unable to carry out the duties prescribed pursuant to [NRS 439.950](#) to [439.983](#), inclusive, the Director shall temporarily appoint a person to carry out the duties of the Chief Medical Officer prescribed in [NRS 439.950](#) to [439.983](#), inclusive, until such time as the public health emergency or other health event has been resolved or the Chief Medical Officer is able to resume those duties. The person appointed by the Director must meet the requirements prescribed by [NRS 439.095](#).

6. The Governor shall immediately transmit the executive order to:

(a) The Legislature or, if the Legislature is not in session, to the Legislative Commission and the Joint Interim Standing Committee on Health and Human Services; and

(b) Any person or entity deemed necessary or advisable by the Governor.

7. The Governor shall declare a public health emergency or other health event terminated before the estimated duration stated in the executive order upon a finding that the public health emergency or other health event no longer poses an immediate threat to the health and safety of the public. Upon such a finding, the Governor shall notify each person and entity described in subsection 6.

8. If a public health emergency or other health event lasts longer than the estimated duration stated in the executive order, the Governor is not required to reissue an executive order, but shall notify each person and entity identified in subsection 6.

9. The Attorney General shall provide legal counsel to the emergency team.

(Added to NRS by [2009, 367](#); A [2013, 3043](#))

NRS 439.973 Authority of Governor to request assistance from contiguous state in carrying out inspections. During a public health emergency or other health event, the Governor may, upon consultation with the emergency team, request from a governor of a contiguous state assistance in carrying out an inspection of any health care facility or the office of a provider of health care. The Governor may enter into an agreement for the provision of such services relating to inspections.

(Added to NRS by [2009, 368](#))

NRS 439.975 Powers and duties of emergency team.

1. The emergency team shall:

(a) Convene as soon as practicable after the executive order is issued pursuant to [NRS 439.970](#); and

(b) Upon the advice of the Attorney General, investigate the response of each state agency, division, board and other entity that is represented on the emergency team to the public health emergency or other health event and work cooperatively to ensure the sharing of any material information and coordinate a response to the public health emergency or other health event with all the state agencies, divisions, boards and other entities represented on the emergency team.

2. The scope of powers and duties of the emergency team extends only to the respective jurisdiction of each state agency, division, board or other entity represented on the team and does not supersede the authority of a health authority to investigate the public health emergency or other health event within its jurisdiction.

(Added to NRS by [2009, 368](#))

NRS 439.980 Duties of chair of emergency team. The chair of the emergency team or a member of the emergency team designated by the chair shall:

1. Provide information to the general public and ensure that the public remains informed on the progress of the work of the emergency team.

2. Act as the liaison between the emergency team and the Governor, the Speaker of the Assembly, the Majority Leader of the Senate, the Attorney General and any other officer, agency or political subdivision of this State with an interest in the response to and resolution of the public health emergency or other health event.

3. Provide to the Governor and the Legislature or, if the Legislature is not in session, to the Legislative Commission and the Joint Interim Standing Committee on Health and Human Services:

(a) During the course of an investigation of a public health emergency or other health event, monthly updates, or more frequent updates if requested, on the progress of the work of the emergency team; and

(b) Upon the resolution of the issues involved in the public health emergency or other health event, a report on the findings of the emergency team and the action that was taken to resolve the public health emergency or other health event and any consequences thereof.

(Added to NRS by [2009, 368](#))

NRS 439.983 Duties of emergency team upon resolution of public health emergency or other health event. Upon the resolution of a public health emergency or other health event, the emergency team shall:

1. Make recommendations to the State Board of Health and local boards of health with respect to regulations or policies which may be adopted to prevent public health emergencies and other health events or to improve responses to public health emergencies and other health events; and

2. Evaluate the response of each state agency, division, board or other entity represented on the emergency team and make recommendations to the Governor and the Legislature or, if the Legislature is not in session, to the Legislative Commission and the Joint Interim Standing Committee on Health and Human Services with respect to actions and measures that may be taken to improve such responses.

(Added to NRS by [2009, 369](#); A [2021, 2533](#))

STERILE HYPODERMIC DEVICE PROGRAMS

NRS 439.985 Legislative declaration of purpose. The Legislature hereby declares that the purpose of [NRS 439.985](#) to [439.994](#), inclusive, is to enable the use of sterile hypodermic devices and other related material for use among people who inject drugs for the purpose of reducing the intravenous transmission of diseases. The provisions of [NRS 439.985](#) to [439.994](#), inclusive, are intended to:

1. Ensure the availability and accessibility of sterile hypodermic devices by encouraging distribution of such devices by various means.

2. Provide for the effective operation of sterile hypodermic device programs that protect the human rights of people who use such programs.

3. Guarantee that sterile hypodermic devices and other sterile injection supplies are not deemed illegal.

4. Ensure that sterile hypodermic device programs operate in harmony with law enforcement activities.

(Added to NRS by [2013, 3171](#))

NRS 439.986 “Sterile hypodermic device program” or “program” defined. As used in [NRS 439.985](#) to [439.994](#), inclusive, “sterile hypodermic device program” or “program” means a program established pursuant to [NRS 439.987](#) for the safe distribution and disposal of hypodermic devices.

(Added to NRS by [2013, 3171](#))

NRS 439.987 Establishment.

1. A governmental entity, a nonprofit corporation that is recognized as exempt under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. § 501(c)(3), a public health program, a medical facility or a person who has a fiscal sponsor that is recognized as exempt under section 501(c)(3) of the Internal Revenue Code, 26 U.S.C. § 501(c)(3), may establish a sterile hypodermic device program in this State.

2. As used in this section:

(a) "Medical facility" has the meaning ascribed to it in [NRS 449.0151](#).

(b) "Public health program" has the meaning ascribed to it in [NRS 454.00973](#).

(Added to NRS by [2013, 3171](#))

NRS 439.988 Guidelines governing operation. The State Board of Health shall establish guidelines governing the operation of the program which provide for, without limitation:

1. The recording of the quantities of hypodermic devices distributed and collected by the program; and

2. The procedures for the safe collection and disposal of used hypodermic devices.

(Added to NRS by [2013, 3171](#))

NRS 439.989 Program to establish safety procedures, provide community outreach and report to State Board of Health. A sterile hypodermic device program shall:

1. Establish and follow procedures for the safe collection and disposal of used hypodermic devices and other related material pursuant to guidelines established by the State Board of Health.

2. Provide community outreach and educational programs concerning:

(a) The safer use of hypodermic devices to avoid disease and infection; and

(b) The safe disposal of hypodermic devices.

3. Report the quantities of hypodermic devices distributed and collected by the program to the State Board of Health at least semiannually.

(Added to NRS by [2013, 3171](#))

NRS 439.990 Staff and volunteers to complete training; requirements for training. All staff and volunteers of a sterile hypodermic device program shall complete training which includes, without limitation, the following information:

1. The policies and procedures of the program and relevant regulations, including, without limitation, emergency and safety policies and procedures;

2. Legal and law enforcement issues and policies regarding hypodermic devices;

3. Overdose prevention, recognition and response;

4. The risk of blood-borne diseases that may result from the use of hypodermic devices;

5. Methods for preventing the transmission or contraction of blood-borne diseases;

6. The dangers of injecting drugs and the manner in which to access treatment;

7. Information concerning the human immunodeficiency virus and hepatitis virus and the prevention of the spread of these viruses;

8. The safe disposal of hypodermic devices, including, without limitation, procedures concerning accidental needle sticks; and

9. Cultural competency, including, without limitation, sensitivity to the needs of children, lesbian, gay, bisexual and transgender individuals, racial and ethnic minorities, women, sex workers and any other participant population.

(Added to NRS by [2013, 3172](#))

NRS 439.991 Program authorized to provide material for safer injection drug use and certain information. A sterile hypodermic device program may provide:

1. Sterile hypodermic devices and other related material for safer injection drug use; and
2. Information concerning:
 - (a) The risks associated with the use of controlled substances;
 - (b) Drug dependence treatment services and other health services;
 - (c) Support services for people with drug dependence and their families;
 - (d) Methods for preventing the transmission or contraction of blood-borne diseases;
 - (e) Employment and vocational training services and centers; and
 - (f) Legal aid services.

(Added to NRS by [2013, 3172](#))

NRS 439.992 Immunity from civil liability. The State, any political subdivision thereof, a sterile hypodermic device program and the staff and volunteers thereof are not subject to civil liability in relation to any act or failure to act in connection with the operation of a sterile hypodermic device program, if the act or failure to act was in good faith for the purpose of executing the provisions of [NRS 439.985](#) to [439.994](#), inclusive, and was not a reckless act or failure to act.

(Added to NRS by [2013, 3172](#))

NRS 439.993 Confidentiality of records; use of information.

1. Any record of a person which is created or obtained for use by a sterile hypodermic device program must be kept confidential and:

- (a) Is not open for public inspection or disclosure;
- (b) Must not be shared with any other person or entity without the consent of the person to whom the record relates; and
- (c) Must not be discoverable or admissible during any legal proceeding.

2. A record described in subsection 1 must not be used:

- (a) To initiate or substantiate any criminal charge against a person who participates in the sterile hypodermic device program; or
- (b) As grounds for conducting any investigation of a person who participates in the sterile hypodermic device program.

3. The staff and volunteers of a sterile hypodermic device program shall not be compelled to provide evidence in any criminal proceeding conducted pursuant to the laws of this State concerning any information that was entrusted to them or became known to them through the program.

4. The use of any personal information of any person who participates in a sterile hypodermic device program or of the staff or volunteers of the sterile hypodermic device program in research and evaluation must be done in such a manner as to guarantee the anonymity of the person.

5. Aggregate data from a sterile hypodermic device program, including, without limitation, demographic information, the number of clients contacted and the types of referrals may be made available to the public.

(Added to NRS by [2013, 3172](#))

NRS 439.994 Discrimination prohibited. No person shall be subject to any discrimination in the operation of a sterile hypodermic device program on the basis of race,

color, religion, sex, sexual orientation, gender identity or expression, age, political affiliation, disability, national origin, residence, frequency of injection or controlled substance used.

(Added to NRS by [2013,3173](#))