

**Nevada Administrative Codes Recommended Changes Related to
Nevada 81st (2021) Legislative Session - Senate Bill (SB) 275**

HIV Criminal Modernization

Explanation – Omissions in ~~red strikethrough~~ Language in *blue italics* is new.

AUTHORITY: SB 275 of the 81st Legislative Session (2021); NRS 441A.120, 441A.160, 441A.163, 441A.510-441A720, 441A.180, 201.205, 441A.195, 441A.230, 441A.320

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth in section 2 to 20, inclusive of these proposed regulations.

Section 2. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

1. A person subject to an order, issued by the Chief Medical Officer pursuant to NRS 441A.160, must receive a document informing the person of his or her rights at the time the person is served with the order. The document must read substantially as follows:

(a) You have the right to immediately challenge the findings of the provided by the health authority, in writing within 48 hours of receipt of the order.

(b) You have the right to a hearing upon written petition.

(c) You have the right to be present by live telephonic conferencing or videoconferencing at any proceeding where you are challenging the order.

(d) You have the right to be represented by an attorney. You must pay for the services rendered by your appointed attorney unless you are indigent or you succeed in your challenge to your isolation or quarantine.

2. A person subject to an order as set forth in subsection 1 may appeal the order within 48 hours of issuance of the order, upon written petition to the Administrator of the Division. The Division must afford the individual a hearing as soon as possible, but no later than 48 hours from the receipt of the written petition.

3. A written petition as set forth in subsection 2 must specify:

(a) The action ordered by the Chief Medical Officer; and

(b) The reasons the individual disputes the order, including but not limited to:

*(i) The reasons the factual and medical basis supporting the order are incorrect;
and*

*(ii) The reasons the individual, if not subject to medical examination or test,
would not pose a risk to the health of the public.*

*4. The Division must issue a decision on the hearing within 24 hours, which shall be
considered a final decision for purposes of NRS 233B.130.*

Section 3. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

*As used in this section and NAC 441A.850 to 441A.855, inclusive, unless the context
otherwise requires, "health authority" has the meaning ascribed to it in Section 3.6 of Senate
Bill 275 of the 81st Legislative Session.*

Section 4. Chapter 441A of NAC is hereby amended by added thereto a new section to read as follows:

*Medical or epidemiological evidence used to determine the likelihood of transmitting a
communicable disease to another person, pursuant to NRS 441A.180, must substantially
conform to the standards set forth in one of the following publications:*

*1. Control of Communicable Diseases Manual, adopted by reference pursuant to NAC
441A.200; and*

*2. Red Book: 2015 Report of the Committee on Infectious Diseases, adopted by reference
pursuant to NAC 441A.200.*

Section 5. NAC 441A.305 is hereby amended as follows:

1. Pursuant to subsection 10 of NRS 441A.220, the health authority shall disclose information of a personal nature:

(a) Provided by a person making a report of a case or suspected case or provided by the person having a communicable disease; or

(b) Determined by investigation of the health authority,

→ to a firefighter, police officer or person providing emergency medical services if the information relates to a communicable disease significantly related to that occupation. The communicable diseases which are significantly related to the occupation of a firefighter, police officer or person providing emergency medical services are [~~acquired immune deficiency syndrome (AIDS);~~] human immunodeficiency virus infection (HIV), diphtheria, hepatitis B, hepatitis C, hepatitis delta, measles, meningococcal disease, plague, rabies and tuberculosis.

2. Information of a personal nature must not be disclosed to a firefighter, police officer or person providing emergency medical services pursuant to subsection 1 unless the health authority has determined that the person has been exposed, in a manner likely to cause transmission of a communicable disease specified in subsection 1, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known, through laboratory confirmation, or reasonably suspected by the health authority to contain the causative agent of a communicable disease specified in subsection 1.

3. A firefighter, police officer or person providing emergency medical services shall report to his or her employing agency any exposure to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids in a manner likely to have allowed transmission of a communicable disease. Upon receiving the report, the employing agency shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, in accordance with the postexposure evaluation and follow-up described in the relevant portions of 29 C.F.R. 1910.1030(f).

4. The health authority making a disclosure pursuant to subsection 1 may disclose only that information of a personal nature which is necessary for the protection of the exposed firefighter, police officer or person providing emergency medical services.

5. The health authority shall not order a medical test or examination solely for the purpose of determining the exposure of a firefighter, police officer or person providing emergency medical services to a carrier of a communicable disease.

Section 6. NAC 441A.325 is hereby amended as follows:

Notwithstanding any other provision of this chapter, a case or suspected case must be investigated, *pursuant to NRS 441A.160*, reported, prevented, suppressed and controlled in a manner consistent with the provisions of this chapter which are applicable to the particular communicable disease.

Section 7. NAC 441A.355 is hereby amended as follows:

1. The health authority shall investigate each report of a case having active tuberculosis or a suspected case considered to have active tuberculosis to confirm the diagnosis, to identify any contacts, to identify any associated cases, to identify the source of infection and to ensure that the case or suspected case is under the care of a health care provider who has completed a diagnostic evaluation and has instituted an effective course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200.

2. The health authority shall, pursuant to NRS 441A.160, take all necessary measures within his or her authority to ensure that a case having active tuberculosis completes the course of medical treatment prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200, or is isolated or quarantined to protect the public health. Except as otherwise provided in NRS 441A.210, if the case or suspected case refuses to submit himself or herself for examination or medical treatment, the health authority shall, pursuant to NRS 441A.160, issue an order requiring the case or suspected case to submit to any medical examination or test which is necessary to verify the presence of active tuberculosis and shall issue an order requiring the isolation,

quarantine or medical treatment of the case or suspected case if he or she believes such action is necessary to protect the public health.

3. The health authority shall evaluate for tuberculosis infection any contact of a case having active tuberculosis. A tuberculosis screening test must be administered to a contact residing in the same household as the case or other similarly close contact. If the tuberculosis screening test is negative, the tuberculosis screening test must be repeated 8 to 10 weeks after the last date of exposure to the case having active tuberculosis. If the initial or second tuberculosis screening test is positive, the contact must be referred for a chest X-ray and medical evaluation for active tuberculosis. Any contact found to have active tuberculosis or tuberculosis infection must be advised to complete a course of treatment that is:

(a) Prescribed by a health care provider in accordance with the recommendations, guidelines and publications adopted by reference pursuant to NAC 441A.200; and

(b) In accordance with the recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

4. If a child who is less than 5 years of age or other high-risk contact has a negative initial tuberculosis screening test pursuant to subsection 3, the health authority shall advise the contact or his or her parent or guardian, as applicable, that the contact should take preventive treatment, unless medically contraindicated. Preventive treatment may be discontinued if the second tuberculosis screening test administered pursuant to subsection 3 is negative.

5. The health authority may, *pursuant to NRS 441A.160*, issue an order for a medical examination to any contact who refuses to submit to a medical examination pursuant to subsection 3, to determine if he or she has active tuberculosis or tuberculosis infection.

Section 8. NAC 441A.360 is hereby amended as follows:

1. *Except as otherwise provided in NRS 441A.180, a [A]* case having tuberculosis or a suspected case considered to have tuberculosis shall not work in a sensitive occupation or attend a child care facility or school unless determined to be noninfectious by the health authority.
2. A case having tuberculosis or a suspected case considered to have tuberculosis shall not act in a manner which is likely to transmit tuberculosis and shall submit to medical evaluation, treatment and isolation as ordered by the health authority, *pursuant to NRS 441A.160*.
3. A case having tuberculosis or a suspected case considered to have tuberculosis shall, upon request by his or her health care provider or the health authority, report the source of his or her infection and information about any previous treatment for tuberculosis.
4. A case having tuberculosis or a suspected case considered to have tuberculosis shall comply with all rules and regulations issued by the State Board of Health and all orders issued by the health authority.
5. A case having tuberculosis or a suspected case considered to have tuberculosis may be discharged from medical supervision only after determined to be cured by the health authority.

Section 9. NAC 441A.365 is hereby amended as follows:

1. A contact of a case having tuberculosis or suspected case considered to have tuberculosis shall comply with all rules and regulations issued by the State Board of Health and shall submit to a medical evaluation to determine the presence of active tuberculosis or tuberculosis infection, *pursuant to NRS 441A.160*.
2. If the tuberculosis screening test administered pursuant to subsection 3 of NAC 441A.355 is positive, or if there is radiological evidence of active tuberculosis in the lungs, the contact shall submit to further medical evaluation. An order to submit to a medical examination may be issued by the health authority *pursuant to NRS 441A.160*, if the contact fails to report for a medical evaluation when requested to do so by the health authority.

3. A contact residing in the same household as a case having tuberculosis or suspected case considered to have tuberculosis shall not work in a sensitive occupation or attend a child care facility or school unless he or she is asymptomatic and is authorized to do so by the health authority.

Section 10. NAC 441A.450 is hereby amended as follows:

1. The health authority shall investigate each report of a case having[:
~~—(a) Acquired immune deficiency syndrome (AIDS); or~~
~~—(b) A] a~~ human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory, [→] to confirm the diagnosis and identify each person with whom the case has had sexual relations and each person with whom the case has shared a needle. The health authority shall notify each person so identified of his or her potential exposure and of the availability of counseling and of testing for the presence of human immunodeficiency virus infection (HIV). If a person notified pursuant to this section is unable to obtain counseling as set forth in NRS 441A.336, the health authority shall provide, or ensure the provision of, the counseling.
2. If a case reported pursuant to subsection 1 has donated or sold blood, plasma, sperm or other bodily tissues during the year preceding the diagnosis, the health authority shall make reasonable efforts to notify the recipient of his or her potential exposure to the human immunodeficiency virus infection (HIV). ~~[or acquired immune deficiency syndrome (AIDS).]~~
3. If a case is reported pursuant to subsection 1 because of a sexual offense, the health authority shall seek the identity and location of the victim and make reasonable efforts to notify the victim of his or her possible exposure and to advise him or her of the availability of counseling and testing for human immunodeficiency virus infection (HIV).
4. If a case reported pursuant to subsection 1 has active tuberculosis or tuberculosis infection, the health authority shall, *pursuant to NRS 441A.160*, make reasonable efforts to ensure that appropriate remedial and medical treatment of the tuberculosis or infection is provided.

5. If, at any time, a case reported pursuant to subsection 1 requests assistance from the health authority for notifying and counseling persons with whom the case has had sexual relations or persons with whom the case has shared a needle, the health authority shall provide that service.

6. If a case reported pursuant to subsection 1 is in a medical facility, the medical facility shall provide care to the case in accordance with blood and body fluid precautions and, if another communicable disease is present, universal precautions or the appropriate disease specific precautions.

Section 11. NAC 441A.485 is hereby amended as follows:

1. The health authority shall investigate each report of a case having chancroid to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment, *pursuant to NRS 441A.160*.

2. Except as otherwise provided in NRS 441A.210, *and pursuant to NRS 441A.160*, a person having chancroid shall obtain medical treatment for the disease.

3. The health care provider for a person having chancroid shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease, *pursuant to NRS 441A.160*.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of chancroid as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200, when testing and treating persons with chancroid.

Section 12. NAC 441A.490 is hereby amended as follows:

1. The health authority shall investigate each report of a case having *Chlamydia trachomatis* infection of the genital tract to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection, ***pursuant to NRS 441A.160***.

2. Except as otherwise provided in NRS 441A.210 ***and pursuant to NRS 441A.160***, a person with *Chlamydia trachomatis* infection shall obtain medical treatment for the infection.

3. The health care provider for a person with *Chlamydia trachomatis* infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210 ***and pursuant to NRS 441A.160***, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of *Chlamydia trachomatis* infection as are specified in “Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in “Sexually Transmitted Diseases Treatment Guidelines, 2006,” adopted by reference pursuant to NAC 441A.200, when testing and treating persons with *Chlamydia trachomatis* infection.

6. If a case having *Chlamydia trachomatis* infection of the genital tract is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions or other appropriate disease specific precautions.

Section 13. NAC 441A.505 is hereby amended as follows:

1. ***Pursuant to NRS 441A.160, the*** ~~The~~ health authority shall investigate each report of a case having cryptosporidiosis, identified by the detection of Cryptosporidium organisms or DNA in stool, intestinal samples, biopsy specimens or other biological samples upon testing by a medical laboratory, to:

(a) Confirm the diagnosis;

(b) Identify any contacts;

(c) Identify the source of infection;

(d) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility; and

(e) Determine if there is a contact residing in the same household as the case who is employed in a sensitive occupation.

2. Unless authorized by the health authority, a person who has diarrhea and a fecal specimen that is positive for *Cryptosporidium* and any symptomatic contact residing in the same household as such a person shall not work in a sensitive occupation until at least 48 hours after the diarrhea has resolved. The health authority may, *pursuant to NRS 441A.160*, order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of *Cryptosporidium*.

3. The health authority shall instruct cases and carriers of *Cryptosporidium* spp. of the need and proper method of hand washing after defecation.

4. Unless authorized by the health authority, *and subject to NRS 441A.180*, an infant or child who is excreting *Cryptosporidium* spp. and whose diarrhea is unresolved or has been resolved for less than 24 hours shall not attend a child care facility. The health authority shall instruct a child care facility where an infant or child who is excreting *Cryptosporidium* spp. is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of cryptosporidiosis.

5. If a case having cryptosporidiosis is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

Section 14. NAC 441A.535 is hereby amended as follows:

1. *Pursuant to NRS 441A.160, the* ~~[The]~~ health authority shall investigate each report of a case having giardiasis to confirm the diagnosis, to identify any contacts and the source of infection, to determine if the case is employed in a sensitive occupation or is a child attending a child care facility and to determine if there is a household contact who is employed in a sensitive occupation.

2. Unless authorized by the health authority, *and subject to NRS 441A.180*, a person having diarrhea and a fecal specimen that has tested positive for the presence of Giardia lamblia organisms, antigen or DNA and any symptomatic contact residing in the same household as such a case shall not work in a sensitive occupation until at least 48 hours after the diarrhea has resolved. The health authority shall order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Giardia lamblia.

3. The health authority shall instruct a person excreting Giardia lamblia of the need and proper method of hand washing after defecation.

4. Unless authorized to do so by a health authority, an infant or child who has diarrhea and a fecal specimen that has tested positive for the presence of Giardia lamblia organisms, antigen or DNA shall not attend a child care facility unless antiparasitic therapy has been initiated and the diarrhea has resolved for more than 48 hours. The health authority shall, *pursuant to NRS 441A.160 and subject to NRS 441A.180*, order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Giardia lamblia.

5. The health authority may, *pursuant to NRS 441A.160 and subject to NRS 441A.180*, prohibit an asymptomatic infant or child who is excreting Giardia lamblia cysts from attending a

child care facility if the health authority considers such exclusion necessary in order to stop transmission of the Giardia lamblia within the child care facility.

6. The health authority shall instruct a child care facility where an infant or child who is excreting Giardia lamblia cysts is attending of the need and proper method of hand washing and other practices for the control of infection which prevent the transmission of giardiasis.

7. If a case having Giardia lamblia is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

Section 15. NAC 441A.540 is hereby amended as follows:

1. The health authority shall investigate each report of a case having gonococcal infection to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the infection, *pursuant to NRS 441A.160*.

2. Except as otherwise provided in NRS 441A.210 *and pursuant to NRS 441A.160*, a person having gonococcal infection shall obtain medical treatment for the infection.

3. The health care provider for a person with gonococcal infection shall notify the health authority immediately if the person fails to obtain medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210 *and pursuant to NRS 441A.160*, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of gonococcal infection as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200, when testing and treating persons with gonococcal infection.

6. If a neonatal case having gonococcal infection is in a medical facility, the medical facility shall provide care to the case in accordance with contact isolation or other appropriate disease specific precautions.

Section 16. NAC 441A.545 is hereby amended as follows:

1. The health authority shall investigate each report of a case having granuloma inguinale to confirm the diagnosis, to determine the source or possible source of the infection and to ensure that the case and any contacts have received appropriate testing and medical treatment for the disease, *pursuant to NRS 441A.160*.

2. Except as otherwise provided in NRS 441A.210 *and pursuant to NRS 441A.160*, a person with granuloma inguinale shall obtain medical treatment for the disease.

3. The health care provider for a person with granuloma inguinale shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210 *and pursuant to NRS 441A.160*, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of granuloma inguinale as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200, when testing and treating persons with granuloma inguinale.

Section 17. NAC 441A.600 is hereby amended as follows:

1. The health authority shall investigate each report of a case having lymphogranuloma venereum to confirm the diagnosis, to determine the source or possible source of the infection and to ensure the case and any contacts have received appropriate testing and medical treatment for the disease, *pursuant to NRS 441A.160*.

2. Except as otherwise provided in NRS 441A.210 *and pursuant to NRS 441A.160*, a person with lymphogranuloma venereum shall obtain medical treatment for the disease.

3. The health care provider for a person with lymphogranuloma venereum shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210 *and pursuant to NRS 441A.160*, the health authority shall take action to ensure that the person receives appropriate medical treatment for the disease.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of lymphogranuloma venereum as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200, when testing and treating persons with lymphogranuloma venereum.

Section 18. NAC 441A.687 is hereby amended as follows:

1. The health authority shall, *pursuant to NRS 441A.160*, investigate each report of:

(a) A case having Shiga toxin-producing *Escherichia coli*, as identified by clinical specimens that demonstrate the presence of Shiga toxin-producing *Escherichia coli* or specific toxins upon testing by a medical laboratory; and

(b) A suspected case considered to have Shiga toxin-producing *Escherichia coli*, as identified by the presence of hemorrhagic diarrhea or hemolytic-uremic syndrome, and from whom clinical specimens have not been tested.

2. The investigation required pursuant to subsection 1 must be conducted to:

(a) Confirm the diagnosis;

(b) Identify the source of infection; and

(c) Determine if the case is employed in a sensitive occupation or is a child attending a child care facility.

3. A person excreting Shiga toxin-producing *Escherichia coli* shall not work in a sensitive occupation unless authorized to do so by a health authority, **subject to NRS 441A.180**. The health authority may authorize the case to work in a sensitive occupation if:

(a) Two fecal specimens, collected from the case at least 24 hours apart and at least 48 hours after cessation of antimicrobial therapy, fail to show the presence of Shiga toxin-producing *Escherichia coli* organisms or specific toxins upon testing by a medical laboratory; or

(b) The case is asymptomatic and there is no indication of poor personal hygiene.

4. A contact residing in the same household as a case having Shiga toxin-producing *Escherichia coli* shall not work in a sensitive occupation unless authorized to do so by the health authority, **subject to NRS 441A.180**.

5. The health authority shall instruct a person excreting Shiga toxin-producing *Escherichia coli* of the need for and proper method of hand washing after defecation.

6. Unless authorized by the health authority, **and subject to NRS 441A.180**, an infant or child excreting Shiga toxin-producing *Escherichia coli* shall not attend a child care facility until he or she has been asymptomatic for at least 24 hours. The health authority:

(a) May, **subject to NRS 441A.160**, order any additional exclusion, testing or treatment of any person that the health authority determines is necessary to prevent further transmission of Shiga toxin-producing *Escherichia coli*; and

(b) Shall instruct a child care facility where an infant or child who is attending the facility is excreting Shiga toxin-producing *Escherichia coli* of the need for and proper method of hand washing and other practices for the control of infection which prevent the transmission of Shiga toxin-producing *Escherichia coli*.

7. If a case having Shiga toxin-producing *Escherichia coli* is in a medical facility, the medical facility shall provide care to the case in accordance with enteric precautions or other appropriate disease specific precautions.

Section 19. NAC 441A.695 is hereby amended as follows:

1. The health authority shall investigate each report of a case having congenital, primary, secondary, early latent, late latent or late syphilis to:

(a) Confirm the diagnosis;

(b) Determine the source or possible source of the infection; and

(c) Ensure that the case and any contact has received appropriate testing and treatment for the infection.

2. Except as otherwise provided in NRS 441A.210 **and pursuant to NRS 441A.160**, a person having infectious syphilis shall be required to submit to specific treatment for the infection.

3. The health care provider for a person with infectious syphilis shall notify the health authority immediately if the person fails to submit to medical treatment or fails to complete the prescribed course of medical treatment. Except as otherwise provided in NRS 441A.210 **and pursuant to NRS 441A.160**, the health authority shall take action to ensure that the person receives appropriate medical treatment for the infection.

4. A clinic, dispensary or health care provider that accepts supplies or aid from the Division shall provide counseling and take such measures for the testing, treatment, prevention, suppression and control of infectious syphilis as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200.

5. A health care provider shall follow the procedures set forth in "Sexually Transmitted Diseases Treatment Guidelines, 2006," adopted by reference pursuant to NAC 441A.200, when testing and treating a person with infectious syphilis.

6. If a case having infectious syphilis is in a medical facility, the medical facility shall provide care to the case in accordance with drainage and secretion precautions.

7. As used in this section, "infectious syphilis" means congenital, primary, secondary and early latent syphilis.

Section 20. NAC 441A.800 is hereby amended as follows:

1. A person seeking employment as a sex worker shall submit to the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services:

(a) A sample of blood for a test to confirm the presence or absence of human immunodeficiency virus infection (HIV) and syphilis.

(b) If the person is female and has a uterine cervix, a cervical specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(c) If the person is female and does not have a uterine cervix, a high vaginal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(d) If the person is male or transgendered, a urethral specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(e) If the person is seeking employment in a licensed house of prostitution which does not have a written policy that explicitly prohibits engaging in any form of anal intercourse, a rectal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

2. A person must not be employed as a sex worker until the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services has reported that the tests required pursuant to subsection 1 do not show the presence of infectious syphilis, gonorrhea, *Chlamydia trachomatis* or infection with the human immunodeficiency virus (HIV).

3. A person employed as a sex worker shall submit to the State Public Health Laboratory or a medical laboratory licensed pursuant to chapter 652 of NRS and certified by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services:

(a) Once each month, a sample of blood for a test to confirm the presence or absence of:

(1) Infection with the human immunodeficiency virus (HIV); and

(2) Syphilis.

(b) Once each week if the sex worker is female and has a uterine cervix, a cervical specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(c) Once each week if the sex worker is female and does not have a uterine cervix, a high vaginal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(d) Once each week if the sex worker is male or transgendered, a urethral specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

(e) Once each week if the sex worker is employed in a licensed house of prostitution which does not have a written policy that explicitly prohibits engaging in any form of anal intercourse, a rectal specimen for a test to confirm the presence or absence of gonorrhea and *Chlamydia trachomatis* by culture or antigen detection or nucleic acid testing.

4. If a test required pursuant to this section shows the presence of infectious syphilis, gonorrhea, *Chlamydia trachomatis* or infection with the human immunodeficiency virus (HIV), the person shall immediately cease and desist from employment as a sex worker. ***A health authority who has reason to believe that a person is in violation of this section, shall issue a warning to that person, in writing, pursuant to NRS 441A.180.***

5. Each sample and specimen required pursuant to this section must be collected under the supervision of a licensed health care professional and must be identified by, as applicable:

(a) The name of the sex worker from whom the sample or specimen was collected, as that name appears on the local work permit card of the sex worker; or

(b) The name of the person from whom the sample or specimen was collected, as that name appears on the application of the person for a local work permit card.

6. Each laboratory test required pursuant to this section must be approved by the Food and Drug Administration of the United States Department of Health and Human Services for the purpose for which it is administered or must have been validated by a laboratory certified by the Secretary of Health and Human Services pursuant to 42 U.S.C. § 263a.