SENATE BILL NO. 69–COMMITTEE ON HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD)

Prefiled November 18, 2020

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to behavioral health. (BDR 39-431)

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

CONTAINS UNFUNDED MANDATE (§ 20) (NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

EXPLANATION - Matter in **bolded italics** is new; matter between brackets formitted material; is material to be omitted.

AN ACT relating to behavioral health; providing for the certification of peer recovery support specialists and peer recovery support specialist supervisors; requiring a peer recovery support specialist or peer recovery support specialist supervisor to report certain information; requiring any instruction, curriculum or concerning substance misuse or substance use disorder in a public school to be evidence-based; requiring the participation of public schools in a system to collect data concerning youth risk behavior of pupils enrolled in certain grades in a public school; providing for the certification of substance use disorder prevention coalitions and prescribing the duties of such a coalition; requiring certain reporting concerning curricula and programs on substance misuse and substance disorders in public schools; providing a penalty; and providing other matters properly relating thereto.





Legislative Counsel's Digest:

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Existing law: (1) defines the term "peer support recovery organization" to mean a person or agency which, for compensation, provides peer support services to persons who are 18 years of age or older and who suffer from mental illness or an addictive disorder or identify themselves as at risk for mental illness or an addictive disorder; and (2) requires a peer support recovery organization to be licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services as a facility for the dependent. (NRS 449.0045, 449.01563, 449.030) Section 5 of this bill defines the term "peer recovery support services" to mean nonclinical supportive services that use lived experience in recovery from a substance use disorder or other behavioral health disorder to promote recovery in another person with a substance use disorder or other behavioral health disorder by advocating, mentoring, educating, offering hope and providing assistance in navigating systems. Section 8 of this bill: (1) requires a person to be certified by the Division as a peer recovery support specialist or peer recovery support specialist supervisor before providing or supervising, as applicable, peer recovery support services; and (2) makes it a misdemeanor to provide or supervise peer recovery support services without being certified. Section 9 of this bill requires the State Board of Health to adopt regulations governing peer recovery support services. Section 9 also authorizes the Board to establish by regulation exemptions from the requirements of section 8. Section 22 of this bill requires the Legislative Committee on Health Care to review any regulation that relates to standards for the issuance or renewal of a certificate as a peer recovery support specialist or peer recovery support specialist supervisor.

Existing federal law requires each state to adopt procedures to ensure that applicants for certain licenses and certificates comply with child support obligations. (42 U.S.C. § 666) **Sections 10 and 11** of this bill enact such procedures as applicable to an applicant for a certificate as a peer recovery support specialist or peer recovery support specialist supervisor in order to comply with federal law.

Sections 12 and 13 of this bill provide for the issuance of a certificate as a peer recovery support specialist or peer recovery support specialist supervisor by endorsement to certain applicants who are licensed, certified or hold another credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, issued by another jurisdiction.

Section 14 of this bill: (1) requires an applicant for renewal of a certificate who has a state business license to provide his or her business identification number in the application; and (2) prohibits the renewal of a certificate if the applicant fails to provide such information or is delinquent on a debt to a state agency.

Section 15 of this bill authorizes the Division to bring an action to enjoin any person from providing or supervising peer recovery support services without a valid certificate.

Section 16 of this bill provides that peer recovery support specialists and peer recovery support specialist supervisors are providers of health care for the purposes of provisions imposing enhanced criminal penalties for assaulting a provider of health care under certain circumstances.

Sections 17, 21 and 28 of this bill require a peer recovery support specialist or peer recovery support specialist supervisor to report: (1) the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person; (2) the abuse or neglect of a child; and (3) violations of statutes or regulations governing nursing. If a peer recovery support specialist or peer recovery support specialist supervisor is reported to have abused, neglected, exploited, isolated or abandoned an older person or vulnerable person, section 18 of this bill requires the submission of the information in the report to the Division. Sections 17, 23-25, 28 and 34 of this bill revise certain terminology to conform to terminology related to peer recovery support, as used in sections 2-15 of this bill. Sections 29-31 of this





bill exempt peer recovery support specialists and peer recovery support specialist supervisors from provisions governing certain other professions related to behavioral health. **Section 37** of this bill makes conforming changes to remove obsolete definitions.

Existing law requires the Council to Establish Academic Standards for Public Schools to establish standards of content and performance for certain subjects, including health and science. (NRS 389.520) If the standards of content and performance for any subject include information concerning substance misuse or substance use disorders, section 19 of this bill requires any instruction, curriculum or program concerning substance misuse and substance use disorders to be evidence-based. Section 19 also requires the Department of Education to develop, maintain and publish a list of evidence-based curricula and programs concerning substance misuse and substance use disorders. Section 32 of this bill requires the board of trustees of each school district and the governing body of each charter school to submit to the Legislative Committee on Education a report that describes any curriculum or program concerning substance misuse or substance use disorders used or offered in the school district or charter school, as applicable, during the 2021-2022 school year.

Section 20 of this bill requires the board of trustees of each school district and the governing body of each charter school that operates a middle school, junior high school or high school to ensure that the school district or charter school participates in the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, which is a system pursuant to which a survey is administered every other year to a sampling of pupils in grades 6 to 12, inclusive, to collect data concerning health-risk behaviors by such pupils. Section 20 also authorize: (1) the parent or guardian of a pupil who is an unemancipated minor to refuse consent to the administration of the survey to the pupil; and (2) a pupil to refuse to participate in the survey.

Existing law requires the Division of Public and Behavioral Health of the Department of Health and Human Services to: (1) formulate and operate a comprehensive state plan for programs for alcohol or other substance use disorders; and (2) coordinate the efforts to carry out the state plan and coordinate all state and federal financial support of programs for alcohol or other substance use disorders in this State. (NRS 458.025) **Section 26** of this bill requires the State Board of Health to adopt regulations providing for the certification of substance use disorder prevention coalitions, which are coalitions of persons and entities who possess knowledge and experience related to the prevention of substance misuse and substance use disorders in regions of this State. **Section 26** also prescribes the duties of a certified substance use disorder prevention coalition, and **section 27** of this bill makes a conforming change to indicate the placement of **section 26** within the Nevada Revised Statutes.

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

Section 1. Chapter 433 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 15, inclusive, of this act.

Sec. 2. As used in sections 2 to 15, inclusive, of this act, unless the context otherwise requires, the words and terms defined





in sections 3 to 7, inclusive, of this act have the meanings ascribed to them in those sections.

Sec. 3. "Board" means the State Board of Health.

Sec. 4. "Certificate" means a certificate issued by the Division that authorizes the holder to provide or supervise the

provision of peer recovery support services, as applicable.

Sec. 5. "Peer recovery support services" means nonclinical supportive services that use lived experience in recovery from a substance use disorder or other behavioral health disorder to promote recovery in another person with a substance use disorder or other behavioral health disorder by advocating, mentoring, educating, offering hope and providing assistance in navigating systems.

Sec. 6. "Peer recovery support specialist" means a person

who provides peer recovery support services.

Sec. 7. "Peer recovery support specialist supervisor" means a person who supervises the provision of peer recovery support services by a peer recovery support specialist.

Sec. 8. 1. Except where authorized by the regulations

adopted pursuant to section 9 of this act, a person shall not:

(a) Provide peer recovery support services, use the title of "peer recovery support specialist" or otherwise hold himself or herself out as authorized to provide peer recovery support services unless he or she holds a valid certificate as a peer recovery support specialist issued by the Division.

- (b) Supervise the provision of peer recovery support services, use the title of "peer recovery support specialist supervisor" or otherwise hold himself or herself out as authorized to supervise the provision of peer recovery support services unless he or she holds a valid certificate as a peer recovery support specialist supervisor issued by the Division.
 - 2. Any violation of this section is a misdemeanor.
- Sec. 9. 1. The Board shall adopt regulations governing the provision of peer recovery support services. The regulations must prescribe:
- (a) The requirements for the issuance and renewal of a certificate as a peer recovery support specialist or peer recovery support specialist supervisor, which must include, without limitation:
- (1) A requirement that the person be appropriately certified by the Nevada Certification Board or its successor organization; and
- (2) Required training and experience for peer recovery support specialists and peer recovery support specialist supervisors.



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(b) Requirements governing the supervision of peer recovery support specialists by peer recovery support specialist supervisors.

(c) Procedures for the Division to investigate misconduct by a peer recovery support specialist or peer recovery support specialist supervisor and to impose disciplinary action for such misconduct.

- (d) The forms of disciplinary action that the Division may impose against a peer recovery support specialist or peer recovery support specialist supervisor.
 - 2. The Board may, by regulation, prescribe a fee for:
 - (a) The issuance of a certificate; and
 - (b) The renewal of a certificate.

- 3. Any fee prescribed pursuant to subsection 2 must be calculated to produce the revenue estimated to cover the costs related to the issuance and renewal of certificates, but in no case may the fee for the issuance or renewal of a certificate exceed the actual cost to the Division of issuing or renewing the certificate, as applicable.
- 4. The regulations adopted pursuant to this section may establish exemptions from the provisions of section 8 of this act.
- **Sec. 10.** *Î. A person who applies for the issuance or renewal of a certificate must:*
- (a) Include the social security number of the applicant in the application submitted to the Division.
- (b) Submit to the Division the statement prescribed by the Division of Welfare and Supportive Services of the Department pursuant to NRS 425.520. The statement must be completed and signed by the applicant.
- 2. The Division shall include the statement required pursuant to subsection 1 in:
- (a) The application or any other forms that must be submitted for the issuance or renewal of the certificate; or
 - (b) A separate form prescribed by the Division.
- 3. A certificate may not be issued or renewed by the Division if the applicant:
- (a) Fails to submit the statement required pursuant to subsection 1; or
- (b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- 4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the





order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

- Sec. 11. 1. If the Division receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a natural person who is the holder of a certificate, the Division shall deem the certificate issued to that person to be suspended at the end of the 30th day after the date the court order was issued unless the Division receives a letter issued to the holder of the certificate by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the certificate has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.
- 2. The Division shall reinstate a certificate that has been suspended by a district court pursuant to NRS 425.540 if the Division receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose certificate was suspended stating that the person whose certificate was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.
- Sec. 12. 1. The Division may issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor to an applicant who meets the requirements set forth in this section. An applicant may submit to the Division an application for such a certificate if the applicant holds a corresponding valid and unrestricted license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, in the District of Columbia or any state or territory of the United States.
- 2. An applicant for a certificate by endorsement pursuant to this section must submit to the Division with his or her application:
 - (a) Proof satisfactory to the Division that the applicant:
 - (1) Satisfies the requirements of subsection 1;
- (2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable; and





- (3) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;
- (b) An affidavit stating that the information contained in the application and any accompanying material is true and correct;
- (c) The fee prescribed by the Board in the regulations adopted pursuant to section 9 of this act; and
 - (d) Any other information required by the Division.
- 3. Not later than 15 business days after the Division receives an application for a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor pursuant to this section, the Division shall provide written notice to the applicant of any additional information required by the Division to consider the application. Unless the Division denies the application for good cause, the Division shall approve the application and issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, to the applicant not later than 45 days after receiving the application.
- Sec. 13. 1. The Division may issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor to an applicant who meets the requirements set forth in this section. An applicant may submit to the Division an application for such a certificate if the applicant:
- (a) Holds a corresponding valid and unrestricted license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, in the District of Columbia or any state or territory of the United States; and
- (b) Is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the spouse, widow or widower of a veteran.
- 2. An applicant for a certificate by endorsement pursuant to this section must submit to the Division with his or her application:
 - (a) Proof satisfactory to the Division that the applicant:
 - (1) Satisfies the requirements of subsection 1;
- (2) Has not been disciplined or investigated by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license, certificate or other credential as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable; and





- (3) Has not been held civilly or criminally liable for malpractice in the District of Columbia or any state or territory of the United States;
- (b) An affidavit stating that the information contained in the application and any accompanying material is true and correct;
- (c) The fee prescribed by the Board in the regulations adopted pursuant to section 9 of this act; and
 - (d) Any other information required by the Division.
- 3. Not later than 15 business days after the Division receives an application for a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor pursuant to this section, the Division shall provide written notice to the applicant of any additional information required by the Division to consider the application. Unless the Division denies the application for good cause, the Division shall approve the application and issue a certificate by endorsement as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, to the applicant not later than 45 days after receiving all the additional information required by the Division to complete the application.
- 4. At any time before making a final decision on an application for a certificate by endorsement pursuant to this section, the Division may grant a provisional certificate authorizing an applicant to practice as a peer recovery support specialist or peer recovery support specialist supervisor, as applicable, in accordance with regulations adopted by the Board.
- 5. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.
- Sec. 14. 1. In addition to any other requirements set forth in sections 2 to 15, inclusive, of this act, an applicant for the renewal of a certificate as a recovery support specialist or recovery support specialist supervisor must indicate in the application submitted to the Division whether the applicant has a state business license. If the applicant has a state business license, the applicant must include in the application the business identification number assigned by the Secretary of State upon compliance with the provisions of chapter 76 of NRS.
 - 2. A certificate may not be renewed if:
- (a) The applicant fails to submit the information required by subsection 1; or
- (b) The State Controller has informed the Division pursuant to subsection 5 of NRS 353C.1965 that the applicant owes a debt to an agency that has been assigned to the State Controller for collection and the applicant has not:
 - (1) Satisfied the debt;





- (2) Entered into an agreement for the payment of the debt pursuant to NRS 353C.130; or
 - (3) Demonstrated that the debt is not valid.
 - 3. As used in this section:

- (a) "Agency" has the meaning ascribed to it in NRS 353C.020.
- (b) "Debt" has the meaning ascribed to it in NRS 353C.040.
- Sec. 15. 1. The Division may bring an action in the name of the State of Nevada to enjoin any person from providing or supervising the provision of peer recovery support services:
 - (a) Without first obtaining a certificate from the Division; or
- (b) After the certificate of the person has been revoked or suspended by the Division.
- 2. It is sufficient in such an action to allege that the defendant did, on a certain date and in a certain place, provide or supervise the provision of peer recovery support services without a valid certificate.
 - **Sec. 16.** NRS 200.471 is hereby amended to read as follows:
 - 200.471 1. As used in this section:
 - (a) "Assault" means:
- (1) Unlawfully attempting to use physical force against another person; or
- (2) Intentionally placing another person in reasonable apprehension of immediate bodily harm.
- (b) "Fire-fighting agency" has the meaning ascribed to it in NRS 239B.020.
 - (c) "Officer" means:
- (1) A person who possesses some or all of the powers of a peace officer;
- (2) A person employed in a full-time salaried occupation of fire fighting for the benefit or safety of the public;
 - (3) A member of a volunteer fire department;
- (4) A jailer, guard or other correctional officer of a city or county jail;
- (5) A prosecuting attorney of an agency or political subdivision of the United States or of this State;
- (6) A justice of the Supreme Court, judge of the Court of Appeals, district judge, justice of the peace, municipal judge, magistrate, court commissioner, master or referee, including a person acting pro tempore in a capacity listed in this subparagraph;
- (7) An employee of this State or a political subdivision of this State whose official duties require the employee to make home visits:
- (8) A civilian employee or a volunteer of a law enforcement agency whose official duties require the employee or volunteer to:
 - (I) Interact with the public;





- (II) Perform tasks related to law enforcement; and
- (III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for the law enforcement agency;
- (9) A civilian employee or a volunteer of a fire-fighting agency whose official duties require the employee or volunteer to:
 - (I) Interact with the public;

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- (II) Perform tasks related to fire fighting or fire prevention; and
- (III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for the fire-fighting agency; or
- (10) A civilian employee or volunteer of this State or a political subdivision of this State whose official duties require the employee or volunteer to:
 - (I) Interact with the public;
 - (II) Perform tasks related to code enforcement; and
- (III) Wear identification, clothing or a uniform that identifies the employee or volunteer as working or volunteering for this State or a political subdivision of this State.
- (d) "Provider of health care" means a physician, a medical student, a perfusionist or a physician assistant licensed pursuant to chapter 630 of NRS, a practitioner of respiratory care, a homeopathic physician, an advanced practitioner of homeopathy, a homeopathic assistant, an osteopathic physician, a physician assistant licensed pursuant to chapter 633 of NRS, a podiatric physician, a podiatry hygienist, a physical therapist, a medical laboratory technician, an optometrist, a chiropractor, chiropractor's assistant, a doctor of Oriental medicine, a nurse, a student nurse, a certified nursing assistant, a nursing assistant trainee, a medication aide - certified, a dentist, a dental student, a dental hygienist, a dental hygienist student, a pharmacist, a pharmacy student, an intern pharmacist, an attendant on an ambulance or air ambulance, a psychologist, a social worker, a marriage and family therapist, a marriage and family therapist intern, a clinical professional counselor, a clinical professional counselor intern, a licensed dietitian, the holder of a license or a limited license issued under the provisions of chapter 653 of NRS, a peer recovery support specialist certified pursuant to sections 2 to 15, inclusive, of this act, a peer recovery support specialist supervisor certified pursuant to sections 2 to 15, inclusive, of this act, an emergency medical technician, an advanced emergency medical technician and a paramedic.





- (e) "School employee" means a licensed or unlicensed person employed by a board of trustees of a school district pursuant to NRS 391.100 or 391.281.
- (f) "Sporting event" has the meaning ascribed to it in NRS 41.630.
- (g) "Sports official" has the meaning ascribed to it in NRS 41.630.
 - (h) "Taxicab" has the meaning ascribed to it in NRS 706.8816.
 - (i) "Taxicab driver" means a person who operates a taxicab.
- (j) "Transit operator" means a person who operates a bus or other vehicle as part of a public mass transportation system.
 - 2. A person convicted of an assault shall be punished:
- (a) If paragraph (c) or (d) does not apply to the circumstances of the crime and the assault is not made with the use of a deadly weapon or the present ability to use a deadly weapon, for a misdemeanor.
- (b) If the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.
- (c) If paragraph (d) does not apply to the circumstances of the crime and if the assault is committed upon an officer, a provider of health care, a school employee, a taxicab driver or a transit operator who is performing his or her duty or upon a sports official based on the performance of his or her duties at a sporting event and the person charged knew or should have known that the victim was an officer, a provider of health care, a school employee, a taxicab driver, a transit operator or a sports official, for a gross misdemeanor, unless the assault is made with the use of a deadly weapon or the present ability to use a deadly weapon, then for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.
- (d) If the assault is committed upon an officer, a provider of health care, a school employee, a taxicab driver or a transit operator who is performing his or her duty or upon a sports official based on the performance of his or her duties at a sporting event by a probationer, a prisoner who is in lawful custody or confinement or a parolee, and the probationer, prisoner or parolee charged knew or should have known that the victim was an officer, a provider of health care, a school employee, a taxicab driver, a transit operator or a sports official, for a category D felony as provided in NRS 193.130, unless the assault is made with the use of a deadly weapon





or the present ability to use a deadly weapon, then for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, or by a fine of not more than \$5,000, or by both fine and imprisonment.

Sec. 17. NRS 200.5093 is hereby amended to read as follows:

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

- (a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to:
- (1) The local office of the Aging and Disability Services Division of the Department of Health and Human Services;
 - (2) A police department or sheriff's office; or
- (3) A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services; and
- (b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned.
- 2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission.
- 3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes.
- 4. A report must be made pursuant to subsection 1 by the following persons:
- (a) Every physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug counselor, alcohol and drug counselor, music therapist, athletic trainer, driver of an ambulance,





paramedic, licensed dietitian, holder of a license or a limited license issued under the provisions of chapter 653 of NRS, peer recovery support specialist certified pursuant to sections 2 to 15, inclusive, of this act, peer recovery support specialist supervisor certified pursuant to sections 2 to 15, inclusive, of this act or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person or vulnerable person who appears to have been abused, neglected, exploited, isolated or abandoned.

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

- (d) Every person who maintains or is employed by an agency to provide personal care services in the home.
- (e) Every person who maintains or is employed by an agency to provide nursing in the home.
- (f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.
- (g) Any employee of the Department of Health and Human Services, except the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125 and any of his or her advocates or volunteers where prohibited from making such a report pursuant to 45 C.F.R. § 1321.11.
- (h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.
- (i) Any person who maintains or is employed by a facility or establishment that provides care for older persons or vulnerable persons.
- (j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person and refers them to persons and agencies where their requests and needs can be met.
 - (k) Every social worker.
- (1) Any person who owns or is employed by a funeral home or mortuary.
- (m) Every person who operates or is employed by a peer [support] recovery support organization, as defined in NRS 449.01563.





- (n) Every person who operates or is employed by a community health worker pool, as defined in NRS 449.0028, or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.
 - 5. A report may be made by any other person.
- 6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person or vulnerable person has died as a result of abuse, neglect, isolation or abandonment, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person or vulnerable person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.
- 7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:
 - (a) Aging and Disability Services Division;
- (b) Repository for Information Concerning Crimes Against Older Persons or Vulnerable Persons created by NRS 179A.450; and
 - (c) Unit for the Investigation and Prosecution of Crimes.
- 8. If the investigation of a report results in the belief that an older person or vulnerable person is abused, neglected, exploited, isolated or abandoned, the Aging and Disability Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person or vulnerable person if the older person or vulnerable person is able and willing to accept them.
- 9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.
- 10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons or Vulnerable Persons in the Office of the Attorney General created pursuant to NRS 228.265.





- **Sec. 18.** NRS 200.5095 is hereby amended to read as follows: 200.5095

 1. Reports made pursuant to NRS 200.5093 and 200.5094, and records and investigations relating to those reports, are confidential.
- 2. A person, law enforcement agency or public or private agency, institution or facility who willfully releases data or information concerning the reports and investigation of the abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons, except:
 - (a) Pursuant to a criminal prosecution;
 - (b) Pursuant to NRS 200.50982; or
 - (c) To persons or agencies enumerated in subsection 3,
- → is guilty of a misdemeanor.

- 3. Except as otherwise provided in subsection 2 and NRS 200.50982, data or information concerning the reports and investigations of the abuse, neglect, exploitation, isolation or abandonment of an older person or a vulnerable person is available only to:
- (a) A physician who is providing care to an older person or a vulnerable person who may have been abused, neglected, exploited, isolated or abandoned;
- (b) An agency responsible for or authorized to undertake the care, treatment and supervision of the older person or vulnerable person;
- (c) A district attorney or other law enforcement official who requires the information in connection with an investigation of the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person;
- (d) A court which has determined, in camera, that public disclosure of such information is necessary for the determination of an issue before it;
- (e) A person engaged in bona fide research, but the identity of the subjects of the report must remain confidential;
- (f) A grand jury upon its determination that access to such records is necessary in the conduct of its official business;
- (g) Any comparable authorized person or agency in another jurisdiction;
- (h) A legal guardian of the older person or vulnerable person, if the identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected, and the legal guardian of the older person or vulnerable person is not the person suspected of such abuse, neglect, exploitation, isolation or abandonment;





- (i) If the older person or vulnerable person is deceased, the executor or administrator of his or her estate, if the identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected, and the executor or administrator is not the person suspected of such abuse, neglect, exploitation, isolation or abandonment;
- (j) The older person or vulnerable person named in the report as allegedly being abused, neglected, exploited, isolated or abandoned, if that person is not legally incapacitated;
- (k) An attorney appointed by a court to represent a protected person in a guardianship proceeding pursuant to NRS 159.0485, if:
- (1) The protected person is an older person or vulnerable person;
- (2) The identity of the person who was responsible for reporting the alleged abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to the public agency is protected; and
- (3) The attorney of the protected person is not the person suspected of such abuse, neglect, exploitation, isolation or abandonment; or
- (1) The State Guardianship Compliance Office created by NRS 159.341.
- 4. If the person who is reported to have abused, neglected, exploited, isolated or abandoned an older person or a vulnerable person is the holder of a license or certificate issued pursuant to chapters 449, 630 to 641B, inclusive, 653 or 654 of NRS [,] or sections 2 to 15, inclusive, of this act, the information contained in the report must be submitted to the board or agency that issued the license [.] or certificate.
- 5. If data or information concerning the reports and investigations of the abuse, neglect, exploitation, isolation or abandonment of an older person or a vulnerable person is made available pursuant to paragraph (b) or (j) of subsection 3 or subsection 4, the name and any other identifying information of the person who made the report must be redacted before the data or information is made available.
 - **Sec. 19.** NRS 389.520 is hereby amended to read as follows: 389.520 1. The Council shall:
- (a) Establish standards of content and performance, including, without limitation, a prescription of the resulting level of achievement, for the grade levels set forth in subsection [5,] 6, based upon the content of each course, that is expected of pupils for the following courses of study:
 - (1) English language arts;





- (2) Mathematics;
- (3) Science;

- (4) Social studies, which includes only the subjects of history, geography, economics and government;
 - (5) The arts;
- (6) Computer education and technology, which includes computer science and computational thinking;
 - (7) Health;
 - (8) Physical education; and
 - (9) A foreign or world language.
- (b) Establish a schedule for the periodic review and, if necessary, revision of the standards of content and performance. The review must include, without limitation, the review required pursuant to NRS 390.115 of the results of pupils on the examinations administered pursuant to NRS 390.105.
- (c) Assign priorities to the standards of content and performance relative to importance and degree of emphasis and revise the standards, if necessary, based upon the priorities.
- 2. The standards for computer education and technology must include a policy for the ethical, safe and secure use of computers and other electronic devices. The policy must include, without limitation:
- (a) The ethical use of computers and other electronic devices, including, without limitation:
- (1) Rules of conduct for the acceptable use of the Internet and other electronic devices; and
 - (2) Methods to ensure the prevention of:
 - (I) Cyber-bullying;
 - (II) Plagiarism; and
- (III) The theft of information or data in an electronic form;
- (b) The safe use of computers and other electronic devices, including, without limitation, methods to:
- (1) Avoid cyber-bullying and other unwanted electronic communication, including, without limitation, communication with on-line predators;
- (2) Recognize when an on-line electronic communication is dangerous or potentially dangerous; and
- (3) Report a dangerous or potentially dangerous on-line electronic communication to the appropriate school personnel;
- (c) The secure use of computers and other electronic devices, including, without limitation:
- (1) Methods to maintain the security of personal identifying information and financial information, including, without limitation, identifying unsolicited electronic communication which is sent for





the purpose of obtaining such personal and financial information for an unlawful purpose;

- (2) The necessity for secure passwords or other unique identifiers;
 - (3) The effects of a computer contaminant;
 - (4) Methods to identify unsolicited commercial material; and
- (5) The dangers associated with social networking Internet sites; and
- (d) A designation of the level of detail of instruction as appropriate for the grade level of pupils who receive the instruction.
- 3. The standards for social studies must include multicultural education, including, without limitation, information relating to contributions made by men and women from various racial and ethnic backgrounds. The Council shall consult with members of the community who represent the racial and ethnic diversity of this State in developing such standards.
- 4. The standards for health must include mental health and the relationship between mental health and physical health.
- 5. Any standards that include information relating to substance misuse and substance use disorders must require any instruction, curriculum or program concerning substance misuse and substance use disorders to be evidence-based. The Department shall develop, maintain and publish on an Internet website maintained by the Department a list of evidence-based curricula and programs concerning substance misuse and substance use disorders.
- 6. The Council shall establish standards of content and performance for each grade level in kindergarten and grades 1 to 8, inclusive, for English language arts and mathematics. The Council shall establish standards of content and performance for the grade levels selected by the Council for the other courses of study prescribed in subsection 1.
- [6.] 7. The Council shall forward to the State Board the standards of content and performance established by the Council for each course of study. The State Board shall:
- (a) Adopt the standards for each course of study, as submitted by the Council; or
- (b) If the State Board objects to the standards for a course of study or a particular grade level for a course of study, return those standards to the Council with a written explanation setting forth the reason for the objection.
- [7.] 8. If the State Board returns to the Council the standards of content and performance for a course of study or a grade level, the Council shall:





- (a) Consider the objection provided by the State Board and determine whether to revise the standards based upon the objection; and
- (b) Return the standards or the revised standards, as applicable, to the State Board.
- → The State Board shall adopt the standards of content and performance or the revised standards, as applicable.
- [8.] 9. The Council shall work in cooperation with the State Board to prescribe the examinations required by NRS 390.105.
 - 9.10. As used in this section:

- (a) "Computer contaminant" has the meaning ascribed to it in NRS 205.4737.
- (b) "Cyber-bullying" has the meaning ascribed to it in NRS 388.123.
- (c) "Electronic communication" has the meaning ascribed to it in NRS 388.124.
- **Sec. 20.** Chapter 392 of NRS is hereby amended by adding thereto a new section to read as follows:
- 1. Except as otherwise provided in this subsection and subsection 2, the board of trustees of each school district and the governing body of each charter school that operates a middle school, junior high school or high school shall ensure that the school district or charter school, as applicable, participates in the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. If the Youth Risk Behavior Surveillance System ceases to exist:
- (a) The State Board of Health must prescribe by regulation a successor system that is designed to collect similar information concerning risky behavior by youth; and
- (b) The board of trustees of each school district and the governing body of each charter school that operates a middle school, junior high school or high school must participate in the system prescribed by the State Board of Health.
- 2. A public school shall not administer any survey pursuant to a system described in subsection 1 to a pupil if:
- (a) The pupil is an unemancipated minor and the parent or guardian of the pupil has refused to consent to the administration of the survey pursuant to subsection 5; or
- (b) The pupil has refused to participate in the survey pursuant to subsection 5.
- 3. If a public school is selected for the administration of a survey to its pupils pursuant to a system described in subsection 1, the board of trustees of the school district in which the public school is located of, if the public school is a charter school, the





governing body of the charter school must ensure that a form is provided to the parent or guardian of each pupil to whom the survey will be administered that allows the parent or guardian to refuse consent to the administration of the survey to the pupil.

- 4. Before the administration of a survey pursuant to a system described in subsection 1 to a pupil, the board of trustees of a school district or the governing body of a charter school shall provide the parent or guardian of the pupil or, if the pupil is an emancipated minor or is at least 18 years of age, the pupil, with an opportunity to review the survey and written notice of:
 - (a) The manner in which the survey will be administered;
- (b) The manner in which the results of the survey will be used; and
- (c) The persons who will have access to the results of the survey.
 - 5. At any time:

- (a) The parent or guardian of a pupil who is an unemancipated minor may refuse to provide consent to the administration of a survey pursuant to a system described in subsection 1 by completing and submitting the form described in subsection 3, or any other written refusal of consent, to the principal or other person in charge of the public school in which the pupil is enrolled.
 - (b) A pupil may refuse to participate in the survey.
- **Sec. 21.** NRS 432B.220 is hereby amended to read as follows: 432B.220 1. Any person who is described in subsection 4 and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:
- (a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and
- (b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.
- 2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:
- (a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of the home for a portion of the day, the person shall make the report to a law enforcement agency.
- (b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency





other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

- Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by a fetal alcohol spectrum disorder or prenatal substance use disorder or has withdrawal symptoms resulting from prenatal substance exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.
- 4. A report must be made pursuant to subsection 1 by the following persons:
- (a) A person providing services licensed or certified in this State pursuant to, without limitation, chapter 450B, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C or 653 of NRS.
- (b) Any personnel of a medical facility licensed pursuant to chapter 449 of NRS who are engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of such a medical facility upon notification of suspected abuse or neglect of a child by a member of the staff of the medical facility.
 - (c) A coroner.

- (d) A member of the clergy, practitioner of Christian Science or religious healer, unless the person has acquired the knowledge of the abuse or neglect from the offender during a confession.
- (e) A person employed by a public school or private school and any person who serves as a volunteer at such a school.
- (f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.
- (g) Any person licensed pursuant to chapter 424 of NRS to conduct a foster home.





- (h) Any officer or employee of a law enforcement agency or an adult or juvenile probation officer.
 - (i) Except as otherwise provided in NRS 432B.225, an attorney.
- (j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met.
- (k) Any person who is employed by or serves as a volunteer for a youth shelter. As used in this paragraph, "youth shelter" has the meaning ascribed to it in NRS 244.427.
- (1) \bar{A} peer recovery support specialist or peer recovery support specialist supervisor certified pursuant to sections 2 to 15, inclusive, of this act.
- (m) Any adult person who is employed by an entity that provides organized activities for children, including, without limitation, a person who is employed by a school district or public school.
 - 5. A report may be made by any other person.
- If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to an agency which provides child welfare services or a law enforcement agency. If such a report is made to a law enforcement agency, the law enforcement agency shall notify an agency which provides child welfare services and the appropriate medical examiner or coroner of the report. If such a report is made to an agency which provides child welfare services, the agency which provides child welfare services shall notify the appropriate medical examiner or coroner of the report. The medical examiner or coroner who is notified of a report pursuant to this subsection shall investigate the report and submit his or her written findings to the appropriate agency which provides child welfare services, the appropriate district attorney and a law enforcement agency. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of NRS 432B.230.
- 7. The agency, board, bureau, commission, department, division or political subdivision of the State responsible for the licensure, certification or endorsement of a person who is described in subsection 4 and who is required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State shall, at the time of initial licensure, certification or endorsement:





- (a) Inform the person, in writing or by electronic communication, of his or her duty as a mandatory reporter pursuant to this section:
- (b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and
- (c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is licensed, certified or endorsed in this State.
- 8. The employer of a person who is described in subsection 4 and who is not required in his or her professional or occupational capacity to be licensed, certified or endorsed in this State must, upon initial employment of the person:
- (a) Inform the person. in writing or bv electronic communication, of his or her duty as a mandatory reporter pursuant to this section:
- (b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section; and
- (c) Maintain a copy of the written acknowledgment or electronic record for as long as the person is employed by the employer.
- Before a person may serve as a volunteer at a public school or private school, the school must:
- (a) Inform writing the person, in or bv communication, of his or her duty as a mandatory reporter pursuant to this section and NRS 392.303:
- (b) Obtain a written acknowledgment or electronic record from the person that he or she has been informed of his or her duty pursuant to this section and NRS 392.303; and
- (c) Maintain a copy of the written acknowledgment or electronic record for as long as the person serves as a volunteer at the school.
 - As used in this section:
- (a) "Private school" has the meaning ascribed to it in NRS 394.103.
- (b) "Public school" has the meaning ascribed to it NRS 385.007.
 - **Sec. 22.** NRS 439B.225 is hereby amended to read as follows:
- 439B.225 1. As used in this section, "licensing board" means any division or board empowered to adopt standards for the issuance or renewal of licenses, permits or certificates of registration pursuant to NRS 435.3305 to 435.339, inclusive, chapter 449, 625A,
- 42 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639,
- 43 640, 640A, 640D, 641, 641A, 641B, 641C, 652, 653 or 654 of NRS 44 And sections 2 to 15, inclusive, of this act.



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- 2. The Committee shall review each regulation that a licensing board proposes or adopts that relates to standards for the issuance or renewal of licenses, permits or certificates of registration issued to a person or facility regulated by the board, giving consideration to:
- (a) Any oral or written comment made or submitted to it by members of the public or by persons or facilities affected by the regulation;
- (b) The effect of the regulation on the cost of health care in this State:
- (c) The effect of the regulation on the number of licensed, permitted or registered persons and facilities available to provide services in this State; and
 - (d) Any other related factor the Committee deems appropriate.
- 3. After reviewing a proposed regulation, the Committee shall notify the agency of the opinion of the Committee regarding the advisability of adopting or revising the proposed regulation.
- 4. The Committee shall recommend to the Legislature as a result of its review of regulations pursuant to this section any appropriate legislation.
- Sec. 23. NRS 449.01563 is hereby amended to read as follows:
- 449.01563 "Peer [support] recovery support organization" means a person or agency which, for compensation, provides peer recovery support services to persons who are 18 years of age or older and who suffer from mental illness or an addictive disorder or identify themselves as at risk for mental illness or an addictive disorder.
- **Sec. 24.** NRS 449.01566 is hereby amended to read as follows:
- 449.01566 "Peer *recovery* support services" [means supportive services relating to mental health, an addictive disorder or a substance use disorder which:
- 1. Do not require the person offering the supportive services to be licensed.
- 2. Are offered to a person in need of such services.
- 3. May include, without limitation:
- (a) Helping to stabilize such a person;
- 38 (b) Helping such a person with recovery;
- 39 <u>(c) Helping such a person to access community based</u> 40 behavioral health care;
- 41 (d) Assisting such a person during a crisis situation or an 42 intervention;
- 43 (e) Providing assistance with preventive care;
- 44 <u>(f) Providing strategies and education relating to the whole</u> 45 health needs of such a person; and



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(g) Providing encouragement, peer mentoring and training in self advocacy and self direction to such a person.] has the meaning ascribed to it in section 5 of this act.

Sec. 25. NRS 449.0915 is hereby amended to read as follows:

449.0915 1. The Division may issue an endorsement as a crisis stabilization center to the holder of a license to operate a psychiatric hospital that meets the requirements of this section.

- 2. A psychiatric hospital that wishes to obtain an endorsement as a crisis stabilization center must submit an application in the form prescribed by the Division which must include, without limitation, proof that the applicant meets the requirements of subsection 3.
- 3. An endorsement as a crisis stabilization center may only be issued if the psychiatric hospital to which the endorsement will apply:
- (a) Does not exceed a capacity of 16 beds or constitute an institution for mental diseases, as defined in 42 U.S.C. § 1396d;
- (b) Operates in accordance with established administrative protocols, evidence-based protocols for providing treatment and evidence-based standards for documenting information concerning services rendered and recipients of such services in accordance with best practices for providing crisis stabilization services;
 - (c) Delivers crisis stabilization services:
- (1) To patients for not less than 24 hours in an area devoted to crisis stabilization or detoxification before releasing the patient into the community, referring the patient to another facility or transferring the patient to a bed within the hospital for short-term treatment, if the psychiatric hospital has such beds;
- (2) In accordance with best practices for the delivery of crisis stabilization services; and
- (3) In a manner that promotes concepts that are integral to recovery for persons with mental illness, including, without limitation, hope, personal empowerment, respect, social connections, self-responsibility and self-determination;
- (d) Employs [qualified persons] peer recovery support specialists certified pursuant to sections 2 to 15, inclusive, of this act to provide peer recovery support services [, as defined in NRS 449.01566,] when appropriate;
- (e) Uses a data management tool to collect and maintain data relating to admissions, discharges, diagnoses and long-term outcomes for recipients of crisis stabilization services;
 - (f) Accepts all patients, without regard to:
- (1) The race, ethnicity, gender, socioeconomic status, sexual orientation or place of residence of the patient;
 - (2) Any social conditions that affect the patient;
 - (3) The ability of the patient to pay; or





- (4) Whether the patient is admitted voluntarily to the psychiatric hospital pursuant to NRS 433A.140 or admitted to the psychiatric hospital under an emergency admission pursuant to NRS 433A.150;
- (g) Performs an initial assessment on any patient who presents at the psychiatric hospital, regardless of the severity of the behavioral health issues that the patient is experiencing;
- (h) Has the equipment and personnel necessary to conduct a medical examination of a patient pursuant to NRS 433A.165; and
- (i) Considers whether each patient would be better served by another facility and transfer a patient to another facility when appropriate.
- 4. Crisis stabilization services that may be provided pursuant to paragraph (c) of subsection 3 may include, without limitation:
- (a) Case management services, including, without limitation, such services to assist patients to obtain housing, food, primary health care and other basic needs:
- (b) Services to intervene effectively when a behavioral health crisis occurs and address underlying issues that lead to repeated behavioral health crises:
 - (c) Treatment specific to the diagnosis of a patient; and
- (d) Coordination of aftercare for patients, including, without limitation, at least one follow-up contact with a patient not later than 72 hours after the patient is discharged.
- 5. An endorsement as a crisis stabilization center must be renewed at the same time as the license to which the endorsement applies. An application to renew an endorsement as a crisis stabilization center must include, without limitation:
 - (a) The information described in subsection 3; and
- (b) Proof that the psychiatric hospital is accredited by the Commission on Accreditation of Rehabilitation Facilities, or its successor organization, or the Joint Commission, or its successor organization.
- 6. As used in this section, "crisis stabilization services" means behavioral health services designed to:
- (a) De-escalate or stabilize a behavioral crisis, including, without limitation, a behavioral health crisis experienced by a person with a co-occurring substance use disorder; and
- (b) When appropriate, avoid admission of a patient to another inpatient mental health facility or hospital and connect the patient with providers of ongoing care as appropriate for the unique needs of the patient.
- **Sec. 26.** Chapter 458 of NRS is hereby amended by adding thereto a new section to read as follows:
 - 1. The State Board of Health shall adopt regulations:





- (a) Providing for the certification of substance use disorder prevention coalitions; and
- (b) Establishing requirements governing the membership of and geographic region served by substance use disorder prevention coalitions. The regulations adopted pursuant to this paragraph must align with nationally recognized standards for substance use disorder prevention coalitions and must provide that a geographic region may be served by more than one substance abuse disorder prevention coalition.
- 2. A certified substance use disorder prevention coalition shall:
- (a) Advise the Department of Health and Human Services and the Division concerning:
- (1) The needs of adults and children in the geographic region served by the coalition concerning the prevention of substance misuse and substance use disorders in the geographic region;
- (2) Any progress, problems or plans relating to the provision of services for the prevention of substance misuse and substance use disorders and methods for improving the provision of such services in the geographic region served by the coalition;
- (3) Identified gaps in services for the prevention of substance misuse and substance use disorders and recommendations for addressing those gaps; and
- (4) Priorities for allocating resources to support and develop services for the prevention of substance misuse and substance use disorders in the geographic region served by the coalition.
- (b) Convene interested persons and entities to promote the use of evidence-based strategies to address needs concerning services for the prevention of substance misuse and substance use disorders and improve such services in the geographic region served by the coalition.
- (c) Coordinate and share information with other certified substance use disorder prevention coalitions to provide recommendations to the Department of Health and Human Services and the Division concerning services for the prevention of substance misuse and substance use disorders.
- (d) Implement, in coordination with the Department of Health and Human Services, the Division, other certified substance use disorder prevention coalitions and other interested persons and entities, statewide efforts for the prevention of substance misuse and substance use disorders.
- (e) Coordinate with persons and entities in this State who provide services related to the prevention of substance misuse and





substance use disorders to increase the awareness of such services and reduce duplication of efforts.

- (f) In consultation with other persons and entities in this State who provide services related to the prevention of substance use disorders, submit an annual report to the regional behavioral health policy board for the geographic region served by the substance use disorder prevention coalition. The report must include, without limitation:
- (1) Identification of the specific needs of the geographic region served by the coalition concerning the prevention of substance misuse and substance use disorders;
- (2) A description of methods that the coalition uses to collect and analyze data concerning:
- (I) Substance misuse and substance use disorders in the geographic region served by the coalition; and
- (II) Gaps in services related to the prevention of substance misuse and substance use disorders and the need for additional services in that region;
- (3) The strategies used by the coalition and the results of those strategies;
- (4) The goals of the coalition for the immediately preceding year and the degree to which the coalition achieved those goals; and
- (5) The goals of the coalition for the immediately following year and the long-term goals of the coalition.
- 3. The Division shall collaborate with and utilize certified substance abuse disorder prevention coalitions as the primary local and regional entities to coordinate programs and strategies for the prevention of substance use disorders in this State.
 - 4. As used in this section:
- (a) "Behavioral health region" has the meaning ascribed to it in NRS 433.426.
- (b) "Substance use disorder prevention coalition" means a coalition of persons and entities who possess knowledge and experience related to the prevention of substance misuse and substance use disorders in a region of this State.
 - **Sec. 27.** NRS 458.110 is hereby amended to read as follows:
- 458.110 In addition to the activities set forth in NRS 458.025 to 458.115, inclusive, *and section 26 of this act*, the Division may engage in any activity necessary to effectuate the purposes of this chapter.
 - **Sec. 28.** NRS 632.472 is hereby amended to read as follows:
- 632.472 1. The following persons shall report in writing to the Executive Director of the Board any conduct of a licensee or





holder of a certificate which constitutes a violation of the provisions of this chapter:

- (a) Any physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, nursing assistant, medication aidecertified, perfusionist, physician assistant licensed pursuant to chapter 630 or 633 of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, alcohol or drug counselor, peer recovery support specialist certified pursuant to sections 2 to 15, inclusive, of this act, peer recovery support specialist supervisor certified pursuant to sections 2 to 15, inclusive, of this act, music therapist, holder of a license or limited license issued pursuant to chapter 653 of NRS, driver of an ambulance, paramedic or other person providing medical services licensed or certified to practice in this State.
- (b) Any personnel of a medical facility or facility for the dependent engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a medical facility or facility for the dependent upon notification by a member of the staff of the facility.
 - (c) A coroner.

- (d) Any person who maintains or is employed by an agency to provide personal care services in the home.
- (e) Any person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.
- (f) Any person who maintains or is employed by an agency to provide nursing in the home.
- (g) Any employee of the Department of Health and Human Services.
- (h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.
- (i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.
- (j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect or exploitation of an older person and refers them to persons and agencies where their requests and needs can be met.
 - (k) Any social worker.
- (1) Any person who operates or is employed by a community health worker pool or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.





- (m) Any person who operates or is employed by a peer [support] recovery support organization.
- 2. Every physician who, as a member of the staff of a medical facility or facility for the dependent, has reason to believe that a nursing assistant or medication aide certified has engaged in conduct which constitutes grounds for the denial, suspension or revocation of a certificate shall notify the superintendent, manager or other person in charge of the facility. The superintendent, manager or other person in charge shall make a report as required in subsection 1.
 - 3. A report may be filed by any other person.
- 4. Any person who in good faith reports any violation of the provisions of this chapter to the Executive Director of the Board pursuant to this section is immune from civil liability for reporting the violation.
 - 5. As used in this section:

- (a) "Agency to provide personal care services in the home" has the meaning ascribed to it in NRS 449.0021.
- (b) "Community health worker pool" has the meaning ascribed to it in NRS 449.0028.
- (c) "Peer [support] recovery *support* organization" has the meaning ascribed to it in NRS 449.01563.
- (d) "Peer recovery support specialist" has the meaning ascribed to it in section 6 of this act.
- (e) "Peer recovery support specialist supervisor" has the meaning ascribed to it in section 7 of this act.
 - Sec. 29. NRS 641.029 is hereby amended to read as follows:
 - 641.029 The provisions of this chapter do not apply to:
 1. A physician who is licensed to practice in this State;
 - 2. A person who is licensed to practice dentistry in this State;
- 3. A person who is licensed as a marriage and family therapist or marriage and family therapist intern pursuant to chapter 641A of NRS:
- 4. A person who is licensed as a clinical professional counselor or clinical professional counselor intern pursuant to chapter 641A of NRS:
- 5. A person who is licensed to engage in social work pursuant to chapter 641B of NRS;
- 6. A person who is licensed as an occupational therapist or occupational therapy assistant pursuant to NRS 640A.010 to 640A.230, inclusive;
- 7. A person who is licensed as a clinical alcohol and drug counselor, licensed or certified as an alcohol and drug counselor or certified as an alcohol and drug counselor intern, a clinical alcohol and drug counselor intern, a problem gambling counselor or a





problem gambling counselor intern, pursuant to chapter 641C of NRS;

- 8. A person who is certified as a peer recovery support specialist or peer recovery support specialist supervisor pursuant to sections 2 to 15, inclusive, of this act, while engaged in activity authorized under his or her certificate;
- **9.** A person who is licensed as a behavior analyst or an assistant behavior analyst or registered as a registered behavior technician pursuant to chapter 437 of NRS, while engaged in the practice of applied behavior analysis as defined in NRS 437.040; or

[9.] 10. Any member of the clergy,

- if such a person does not commit an act described in NRS 641.440 or represent himself or herself as a psychologist.
 - **Sec. 30.** NRS 641B.040 is hereby amended to read as follows: 641B.040 The provisions of this chapter do not apply to:
 - 1. A physician who is licensed to practice in this State;
 - 2. A nurse who is licensed to practice in this State;
- 3. A person who is licensed as a psychologist pursuant to chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227:
- 4. A person who is licensed as a marriage and family therapist or marriage and family therapist intern pursuant to chapter 641A of NRS:
- 5. A person who is licensed as a clinical professional counselor or clinical professional counselor intern pursuant to chapter 641A of NRS:
- 6. A person who is licensed as an occupational therapist or occupational therapy assistant pursuant to NRS 640A.010 to 640A.230, inclusive:
- 7. A person who is licensed as a clinical alcohol and drug counselor, licensed or certified as an alcohol and drug counselor or certified as a clinical alcohol and drug counselor intern, an alcohol and drug counselor intern, a problem gambling counselor or a problem gambling counselor intern, pursuant to chapter 641C of NRS;
- 8. A person who is certified as a peer recovery support specialist or peer recovery support specialist supervisor pursuant to sections 2 to 15, inclusive, of this act, while engaged in activity authorized under his or her certificate;
 - **9.** Any member of the clergy;
 - [9.] 10. A county welfare director;
- [10.] 11. Any person who may engage in social work or clinical social work in his or her regular governmental employment





but does not hold himself or herself out to the public as a social worker; or

[11.] 12. A student of social work and any other person preparing for the profession of social work under the supervision of a qualified social worker in a training institution or facility recognized by the Board, unless the student or other person has been issued a provisional license pursuant to paragraph (b) of subsection 1 of NRS 641B.275. Such a student must be designated by the title "student of social work" or "trainee in social work," or any other title which clearly indicates the student's training status.

Sec. 31. NRS 641C.130 is hereby amended to read as follows: 641C.130 The provisions of this chapter do not apply to:

- 1. A physician who is licensed pursuant to the provisions of chapter 630 or 633 of NRS;
- 2. A nurse who is licensed pursuant to the provisions of chapter 632 of NRS and is authorized by the State Board of Nursing to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling;
- 3. A psychologist who is licensed pursuant to the provisions of chapter 641 of NRS or authorized to practice psychology in this State pursuant to the Psychology Interjurisdictional Compact enacted in NRS 641.227;
- 4. A clinical professional counselor or clinical professional counselor intern who is licensed pursuant to chapter 641A of NRS;
- 5. A marriage and family therapist or marriage and family therapist intern who is licensed pursuant to the provisions of chapter 641A of NRS and is authorized by the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling; forl
- 6. A person who is licensed as a clinical social worker pursuant to the provisions of chapter 641B of NRS and is authorized by the Board of Examiners for Social Workers to engage in the practice of counseling persons with alcohol and other substance use disorders or the practice of counseling persons with an addictive disorder related to gambling :; or
- 7. A person who is certified as a peer recovery support specialist or peer recovery support specialist supervisor pursuant to sections 2 to 15, inclusive, of this act, while engaged in activity authorized under his or her certificate.
- **Sec. 32.** On or before July 1, 2022, the board of trustees of each school district and the governing body of each charter school





shall submit to the Director of the Legislative Counsel Bureau for transmittal to Legislative Committee on Education created by NRS 218E.605 a report that describes any curriculum or program concerning substance misuse and substance use disorders used or offered in the school district or charter school, as applicable, during the immediately preceding school year.

- **Sec. 33.** 1. Notwithstanding any provision of this act to the contrary, any person who provides or supervises the provision of peer recovery support services on or before January 1, 2022, may provide or supervise such services without satisfying the requirements for certification and or obtaining a certificate as required by section 8 of this act until July 31, 2023. To provide or supervise peer recovery support services on or after August 1, 2023, such a person must meet the requirements for certification and obtain a certificate as required by section 8 of this act.
- 2. As used in this section, "peer recovery support services" has the meaning ascribed to it in section 5 of this act.
- **Sec. 34.** 1. When the next reprint of the Nevada Revised Statutes is prepared by the Legislative Counsel, the Legislative Counsel shall replace:
- (a) The term "peer support services" as it appears in the Nevada Revised Statutes with the term "peer recovery support services" in the manner provided in this act.
- (b) The term "peer support recovery organization" as it appears in the Nevada Revised Statutes with the term "peer recovery support organization" in the manner provided in this act.
- 2. The Legislative Counsel shall, in preparing supplements to the Nevada Administrative Code, make such changes as necessary so that:
- (a) The term "peer support services" is replaced with the term "peer recovery support services" as provided for in this act.
- (b) The term "peer support recovery organization" is replaced with the term "peer recovery support organization" as provided for in this act.
- **Sec. 35.** The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.
 - **Sec. 36.** NRS 449A.060 and 449A.062 are hereby repealed.
- **Sec. 37.** 1. This section becomes effective upon passage and approval.
- 2. Sections 19, 20 and 32 to 35, inclusive, of this act become effective on July 1, 2021.
- 3. Sections 1 to 18, inclusive, 21 to 31, inclusive, and 37 of this act become effective:





- (a) Upon passage and approval for the purpose of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and
 - (b) On January 1, 2022, for all other purposes.
- 4. Sections 10 and 11 of this act expire by limitation on the date on which the provisions of 42 U.S.C. § 666 requiring each state to establish procedures under which the state has authority to withhold or suspend, or to restrict the use of professional, occupational and recreational licenses of persons who:
- (a) Have failed to comply with the subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child; or
- (b) Are in arrears in the payment for the support of one or more children,
- → are repealed by the Congress of the United States.

TEXT OF REPEALED SECTIONS

- 449A.060 "Peer support recovery organization" defined. "Peer support recovery organization" means a person or agency which, for compensation, provides peer support services to persons who are 18 years of age or older and who suffer from mental illness or an addictive disorder or identify themselves as at risk for mental illness or an addictive disorder.
- **449A.062** "Peer support services" defined. "Peer support services" means supportive services relating to mental health, an addictive disorder or substance use disorders which:
- 1. Do not require the person offering the supportive services to be licensed.
 - 2. Are offered to a person in need of such services.
 - 3. May include, without limitation:
 - (a) Helping to stabilize such a person;
 - (b) Helping such a person with recovery;
- (c) Helping such a person to access community-based behavioral health care;
- (d) Assisting such a person during a crisis situation or an intervention;
 - (e) Providing assistance with preventive care;
- (f) Providing strategies and education relating to the whole health needs of such a person; and



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(g) Providing encouragement, peer mentoring and training in self-advocacy and self-direction to such a person.





