

AUTHORITY: §§1-7, NRS 441A.120 and 441A.150.

A REGULATION relating to mental health; providing for the reporting of certain information by certain providers of health care relating to attempted suicide; requiring certain insurers and other organizations providing health coverage to adhere to certain provisions of federal law; requiring certain insurers and other organizations providing health coverage to submit information demonstrating mental health parity and addiction equity compliance; providing a penalty; and providing other matters properly relating thereto.

### ***REPORTING OF ATTEMPTED SUICIDE***

***NAC 441A.XXX “Suicide attempt” defined. (NRS 441A.120, 441A.150) “Suicide attempt” is a nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior; and***

- 1. Results in a patient receiving services from a provider of health care in a clinical setting; and*
- 2. Corresponds to the code “suicide and suicide attempt” as established in the International Classification of Diseases, most recent Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services.*

***NAC 441A.XXX Provider of health care required to report attempted suicide; exceptions. (NRS 441A.120, 441A.150)***

- 1. The Medical Facilities and Providers of Health Care required to report a case or suspected case of suicide are:
  - a. A Community Triage Center as defined by NRS 449.0031;*
  - b. A Rural Hospital as defined by NRS 449.0177;*
  - d. A Hospital as defined by NRS 449.012;*
  - e. A Psychiatric Hospital as defined by NRS 449.0165;*
  - f. A provider of health care as defined by NRS 629.031, who provides services within the facilities listed in sections 1(a) through 1(e) of this section, to a patient who has attempted suicide.**
- 2. The Facilities and Providers of Health Care listed in Section 1 shall, regardless of whether the patient is alive and not later than 7 days after discharging the patient, report the suicide attempt or suspected suicide attempt to the Chief Medical Officer or his or her designee as required by subsection 2 of NRS 441A.150. If such a provider of health care provides services at a medical facility, the medical facility may submit the report on behalf of the provider.*

***NAC 441A.XXX Contents of report; provision of supplemental or additional information. (NRS 441A.120, 441A.150)***

1. A medical facility or provider of health care shall include in a report of attempted suicide made pursuant to subsection 2 of NRS 441A.150 if known:

(a) The name, address and telephone number of the provider of health care making the report;

(b) The name, address, telephone number, sex, race, ethnicity, gender identity, sexual orientation, occupation, military/veteran status and date of birth of the patient made a suicide attempt or suspected suicide attempt;

(c) The number assigned to the medical record of the patient;

(d) The date on which the suicide attempt or suspected suicide attempt occurred;

(e) A statement of the disposition of the patient;

(f) Any code set forth in the International Classification of Diseases, most recent Revision, Clinical Modification, adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, or the code used in any successor classification system adopted by the National Center for Health Statistics and the Centers for Medicare and Medicaid Services, that corresponds to or is otherwise related to the suicide attempt or suspected suicide attempt; and

(g) Any other information requested by the Chief Medical Officer or his or her designee.

2. In addition to the information required by subsection 1, a provider of health care may include in the report:

(a) Results from toxicology tests conducted by a laboratory concerning the suicide attempt or suspected suicide attempt;

(b) A statement of whether the patient was pregnant on the date on which the suicide attempt or suspected suicide attempt occurred;

(c) The social security number of the patient; and

(d) Any other information that the provider of health care believes is relevant to the report.

3. After making a report pursuant to subsection 2 of NRS 441A.150, a provider of health care may provide supplemental or additional information as it becomes available.

***NAC 441A.XXX Adoption of procedures by medical facility to ensure that only one provider of health care reports suicide attempts; adoption of administrative procedures by Chief Medical Officer to track and analyze reports. (NRS 441A.120, 441A.150)***

1. A medical facility that may have more than one provider of health care provide services to a patient who has attempted suicide or is suspected of having attempted suicide shall adopt administrative procedures to ensure that only one such provider of health care makes the report of the suicide attempt required by subsection 2 of NRS 441A.150.